MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46C

Reg. Dist. No. 30

CERTIFICATE OF DEATH

0201

1. PLACE OF DEATH:

(a) County Balto Co

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Beechwood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 MO

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 817 N. Streeper (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** ELIZABETH AMMER

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William Ammer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1870

8. **AGE:** Years 69 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation

11. Industry or business At home

FATHER

12. Name Frederick Miller

13. Birthplace Germany

MOTHER

14. Maiden Name Martha Dietrich

15. Birthplace Germany

16 (a) Informant Mrs Marie Sibert

(b) Address 4405 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22/40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location Baltimore

18 (a) Funeral director John Ullrich

(b) Address 2008 Orleans St

19 (a) 1/23/40 (Date rec'd by registrar) (b) [signature] Registrar

Deputy Local.

MEDICAL CERTIFICATION

20. Date of death Jan, 19 1940, at 7:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct, 3, 1939, to Jan, 19, 1940, and that I last saw him alive on Jan, 18, 1940.

Immediate cause of death Diabetes Mellitus. Senility.

Due to

Due to

Other conditions Carcinoma of the Duodenum ??

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration 5-10 Yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No.

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Lloyd Johnson M. D. or other

Address Catonsville Md Date signed 1-19-40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1940
BUREAU V. S.

42

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0202

(180)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Cedar Beach, Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto.

City or town Stemmers Run. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Box # 111 Poplar Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Wm Ellsworth Barnett

3. (b) Social Security Number 217-09-7070

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Mildred Irene Bates

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) March 7 - 1895

8. AGE: Years 45 Months 10 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Electrician

11. Industry or business Westinghouse Elec.

FATHER 12. Name Harry E. Barnett

13. Birthplace Balto.

MOTHER 14. Maiden name Anna Moon

15. Birthplace Balto.

16. Informant Mrs. Mildred Barnett

Address Stemmers Run

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22 - 40 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Pikesville Md.

18. Funeral director William Cook

Address St. Paul St.

19. Jan. 21 1940 John G. Connelly (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 20th 1940; at 12-10 a.m.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ____ 19__, to ____ 19__, ~~and that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death Accidental burnt to death in his home that burnt

Due to down with him in it

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ burnt to death Date of 1-20-1940

Where did injury occur? Cedar Beach (City or town) Bark Co (County) Md (State)

Injured at home, ~~farm, industry, public place (where?)~~ home

Means of injury burnt to death Injured at work? no

23. SIGNATURE W. P. O. Nyse Dep. M. Ex. M. D. or other

Address Pikesville Md Date signed 1-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

10585
10543
42

RECEIVED
JAN 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(940)

CERTIFICATE OF DEATH

0203

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore Co.
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 5501 Windsor Mill Rd.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto. Co.
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 5501 Windsor Mill Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Bernhardt

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Adolph Bernhardt
6(c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): Dec. 18 1869
8. AGE: Years: 70 Months: 1 Days: 18 If less than one day: ____hrs. ____min.
9. Birthplace: Germany. (Town, county, and state)
10. Usual occupation: Housework.
11. Industry or business:
FATHER 12. Name: Fred Upthoff
13. Birthplace: Germany
MOTHER 14. Maiden name: Unknown
15. Birthplace: Germany
16. Informant: Adolph Bernhardt
Address 5501 Windsor Mill Rd.
17. Burial (Burial, cremation, or removal: Which?) Date thereof Jan 29-40 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cem.
Location: Balto Co.
18. Funeral director: William Cook
Address 1217 St Paul St
19. Jan 26 1940 (Date rec'd by registrar) J J Miller Piel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 26 1940, at 2.40 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1937, to Jan 26 1940, and that I last saw h-er alive on Jan 26 1940.

	DURATION
Immediate cause of death: Coronary occlution	sudden
Due to: Angina Pectoris	
Due to:	
Other conditions: Arthritis & Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: M. L. Mazer, M. D. or other
Address 2604 E Baltimore St — Date signed 1/26/40

FED 3 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

0204

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Haarlem Lodge

Stay in hospital or inst. (yrs., or mos., or days): 15 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. 13th
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1806 Park Avenue.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Birkhead, Mrs. Sarah Lee

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Henry Clay Birkhead

6(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): June 21, 1911

8. AGE: Years: 28 Months: 6 Days: 10 If less than one day: hrs. min.

9. Birthplace: Yovans, Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Thomas Horace Arrell Browne
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Margaret Jenkins Lilly
15. Birthplace: Hanover, Pennsylvania

16. Informant: Margaret Arrell Browne
Address: 1806 Park Avenue, Baltimore.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof: 1/4/40 (month) (day) (year)

Cemetery or crematory: St. John's Cemetery

Location: Long Green, Md.

18. Funeral director: H W Mears & Son

Address: 805 N Calvert St.

19. 1/3/40 (Date rec'd by registrar) H. A. Andrews Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1st 1940, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17 1939, to January 1 1940, and that I last saw her alive on January 1 1940.

Immediate cause of death	DURATION
Broncho-pneumonia (diffuse)	3 weeks
Due to Toxic myocarditis	2 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Ferd A. Ries, M.D.
M. D. or other
Address: Haarlem Lodge, Catonsville Date signed: Jan. 1, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (T)

RECEIVED
FEB 1 1940
BUREAU V. S.

0205

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 15 Flagship Rd

Stay in hospital or inst. (yrs., or mos., or days): AT HOME

Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dundalk Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 15 Flagship Rd (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William John Bladen

3. (b) Social Security Number: 213-09-0532

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Luella V. Bladen

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Jan 24 - 1876

8. AGE: Years: 63 Months: 11 Days: 24 If less than one day: hrs. min.

9. Birthplace: Leechburg Pa (Town, county, and state)

10. Usual occupation: Tin Mill Roller

11. Industry or business:

FATHER
12. Name: Thos G. Bladen
13. Birthplace: England

MOTHER
14. Maiden name: Eleanor Griffith
15. Birthplace: England

16. Informant: Mrs Luella Bladen

Address: 15 Flagship Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 22/4 (month) (day) (year)

Cemetery or crematory: Meadow Ridge

Location: Dorsey Md

18. Funeral director: John Ullrich

Address: 2008 Orleans St

19. 1/19 1940 (Date rec'd by registrar) Milton M Smulson Deputy Registrar Local

W. M. Carmine, Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 18, 1940, at 7 54 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 12 1940, to Jan. 18 1940, and that I last saw him alive on Jan. 18 1940.

	DURATION
Immediate cause of death: Broncho-Pneumonia	4 days
Due to: Influenza	3 days
Due to:	
Other conditions: Chronic Myocarditis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

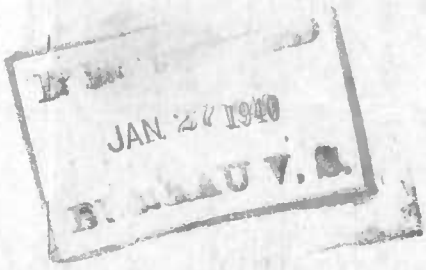
23. SIGNATURE: M B Davis MD M. D. or other

Address: Dundalk Md Date signed: 1/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)


JAN 27 1940

0206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: ~~Towsend~~ Towson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: West Chesapeake Ave

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Towsend Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: West Chesapeake Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Edward Blake

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: Negro

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie C. Blake

6(c) If alive, give age: about 62 years

7. Birth date of deceased (mo., day, yr.): May, 1879

8. AGE: Years: 60 Months: 8 Days: — If less than one day: — hrs. — min.

9. Birthplace: Churchville, Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farming Equipment

FATHER

12. Name: David Blake

13. Birthplace: Harford County, Md

MOTHER

14. Maiden name: Sarah (Unknown)

15. Birthplace: Maryland

16. Informant: Mrs Julia Cole (Sister)

Address: 729 Union Ave, Havre de Grace, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1 (month) 22 (day) 40 (year)

Cemetery or crematory: St. James A. M. E.

Location: Havre de Grace, Md

18. Funeral director: Elmer E. Bullock

Address: Havre de Grace, Maryland

19. Jan 19, 1940 (Date rec'd by registrar) Wm. McGarrell Van Horn, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 19, 1940, at 11.55 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 28, 1939, to Jany 19 1940, and that I last saw him alive on Jany 19, 1940.

Immediate cause of death: Pneumonia

Due to:

Due to: Influenza.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None.

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Hugh Forsythe. M. D. or other

Address: W. Chesapeake Av. Towson Date signed: 1, 19, 40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

107

0207

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bond & Central Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Reisterstown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William C. Bode

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

B (b) Name of husband or wife Louise Bode

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1863

8. AGE: Years	Months	Days	If less than one day
76	2	25	hrs. min.

9. Birthplace Balto. City
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Lewis Bode
13. Birthplace Germany

MOTHER
14. Maiden name Elizabeth
15. Birthplace Germany

16. Informant Lydia S. Blaylock
Address Reisterstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 1, 1940
(month) (day) (year)

Cemetery or crematory Louden Park

Location Balto. City

18. Funeral director J. F. Eline & Sons
Address Reisterstown, Md.

19. 1/31/ 1940 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1940, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 1940, to Jan 30 1940, and that I last saw him alive on Jan 28 1940.

Immediate cause of death Broncho-Pneumonia Acute Dilatation Heart

DURATION 11 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. F. Ermshar, M.D.
M. D. or other

Address Reisterstown, Md. Date signed 1/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

0208

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto

City or town: Catonsville Maple Grove Home
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Arbutus & Sylvanian ave

Stay in hospital or inst. (yrs., or mos., or days): 9 mos

Stay in this community (yrs., or mos., or days): 9 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Balto Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2828 Mayfield ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Rosina Buresch BURESCH

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife: Joseph Buresch

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jany 6, 1864

8. AGE:

Years	Months	Days	If less than one day
76	—	2	____ hrs. ____ min.

9. Birthplace: austria
(Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER
12. Name: Joseph aus.
13. Birthplace: austria

MOTHER
14. Maiden name: — Lang
15. Birthplace: austria

16. Informant: Mrs anna Buresch

Address: 2828 Mayfield ave

17. Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Burial Jan 11/40

Location: Holy Redeemer Ave

18. Funeral director: John Ulbach

Address: 2008 Orleans

19. 1/10 (Date rec'd by registrar) 1940 H. L. Andrews Registrar
Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 8 1940, at 5P M (about)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death	DURATION
Cardiovascular	?
Due to renal disease	
Due to hemiphlegia	10 mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Gert M Kieffer Deputy Med Exam
M. D. or other

Address: 1010 Leeds ave Date signed: Jany 9. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 17 1940
BUREAU A. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0209

83-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville ND. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Byrne

(a) Residence: No. 7 Osborne Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin G. Byrne

6. DATE OF BIRTH (month, day, and year) Jan 5 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME McCabe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John Conner (Address) 7 Osborne Ave

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place St. Mary's Gowans Date Jan 22, 1940

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED 1/20, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1940, to Jan 20, 1940

I last saw her alive on Jan 20, 1940; death is said to have occurred on the date stated above, at 1:15 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-18-40

Other **Contributory Causes** of importance:

Arteriosclerosis	10 yrs

Name of operation None Date of

What test confirmed diagnosis? Clin. Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James Stowell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Same file

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0210

Reg. Diat. No. 40

1. PLACE OF DEATH:
County Balto.
City or town Glenarm
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Glenarm Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cecilia Yvonne Campbell

3. (b) Social Security Number

4. Sex F.

5. Color or race B.

6.(a) Single, married, widowed, or divorced ✓

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5 X- 1939

8. AGE: Years ✓ Months 3 Days 28 If less than one day hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name James Campbell
13. Birthplace Virginia

MOTHER 14. Maiden name Tomoka Henderson
15. Birthplace Md.

16. Informant James Campbell
Address Glenarm Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 31-40 (month) (day) (year)

Cemetery or crematory Mt. Zion
Location Longreen Md.

18. Funeral director Clarence E. Arthur
Address Fork Md.

19 1-30-40 W M Hammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5, 1939, to Jan 29, 1940, and that I last saw her alive on Jan 29 1940.

	DURATION
Immediate cause of death Lobar pneumonia, type undetermined.	3 days
Due to Cold infection one week	one week
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Rollin C. Hudson M.D.
M. D. or other
Address Towson, Md. Date signed 1/29/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of birth see letter filed under Hudson in permanent file. 3/6/40

RECEIVED
FEB 3 1940
BUREAU V. S.

Dr. McCarty 11 Scott
39 W. Baston

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0211

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Lutherville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Lutherville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Clinton Carroll

3. (b) Social Security Number F-213-10-8933

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eleanor Elliott Carroll

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1877

1940 23 77

8. AGE: Years	Months	Days	If less than one day
63	—	6	hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Safety Engineer

11. Industry or business Travelers Ins. Co.

FATHER 12. Name William Franklin Carroll

13. Birthplace Balto, Md.

MOTHER 14. Maiden name Mary Reeder

15. Birthplace Balto, Md

16. Informant Wm. H. Carroll Bro

Address Lutherville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 31, 1940 (month) (day) (year)

Cemetery or crematory Greenmount Cemetery

Location Baltimore, Md.

18. Funeral director Sandon M. Bowles

Address Sparks, Md.

19. Jan. 30 1940 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29, 1940, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9, 1939, to Jan 29, 1940, and that I last saw him alive on Jan 29, 1940.

Immediate cause of death	DURATION
Coronary Disease	1939
Cerebral Thrombosis	1-1940
Due to Cardio Vascular disease	unk.
Due to Arteriosclerosis, gen. Arteriosclerosis, Cerebral	unk. unk.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bennett A. Steen M. D. or other

Address Lutherville, Md. Date signed 1/30/40

RECEIVED
FEB 6 1940
BUREAU V. S.

0212

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Sparks (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 35 Years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Sparks Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR — None

3. (a) FULL NAME William J. Carroll

3. (b) Social Security Number — None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jessie Wetherill

6(c) If alive, give age 50 64 years

7. Birth date of deceased (mo., day, yr.) July 26 1880

8. AGE: Years 59 Months 5 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation Vice Pres.

11. Industry or business Carroll Adams Stove Co.

FATHER 12. Name William C. Carroll

13. Birthplace Louden Co. Virginia

MOTHER 14. Maiden name Alexina Walvington

15. Birthplace Frostburg, Pa.

16. Informant Joseph Carroll

Address Sparks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 12, 1940 (month) (day) (year)

Cemetery or crematory Louden Park

Location Baltimore

18. Funeral director Landon M. Brooks

Address Sparks, Maryland

19. Jan. 10th 1940 (Date rec'd by registrar) Wm. J. Whitcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 1938, to January 10 1940, and that I last saw him alive on January 10, 1940.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. G. de Quevedo, M.D. M. D. or other

Address Towson, Md Date signed 1/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 20 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0213

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 3 yrs 1 mo. 26 Days

Stay in this community (yrs., or mos., or days) about 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Sparrows Ville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Carter

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Unknown

B (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years,	Months	Days	If less than one day
about 95	—	—	hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Alex Carter

13. Birthplace Virginia

MOTHER 14. Maiden name Martha ?

15. Birthplace Virginia

16. Informant Almshouse Register

Address Texas Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 13 1940 (month) (day) (year)

Cemetery or crematory Balto. Co. Almshouse

Location Texas Md.

18. Funeral director Landon M. Brooks

Address Sparrows Md.

19. Jan. 13 1940 (Date rec'd by registrar) Wm. J. Schulcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 16 1937, to Jan 12 1940, and that I last saw him alive on Jan 12 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	6 wks.
Due to Arterio sclerosis	
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Emson M.D.
M. D. or other

Address Cockeysville Md. Date signed Jan 13 '40

RECEIVED
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BUREAU V. S.

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BUREAU V. S.

0214

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-F

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 101 Burke Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 101 Burke Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mary C Cooper

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William J Cooper

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 13, 1854

8. AGE: Years 85 | Months 8 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Cockeysville
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Daniel Hedrick
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Lennia Frederick
15. Birthplace: Balto. Co., Maryland

16. Informant: Mr. C. G. Cooper
Address: 101 Burke Ave, Towson

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 26, 1940 (month) (day) (year)

Cemetery or crematory: Wiseburg M E Church

Location: Wiseburg, Balto. Co.

18. Funeral director: Landon M. Brooks
Address: Spa Ho, Md

19. Jan. 24 1940 (Date rec'd by registrar) Wilmot Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 23 1940, at 8:12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3, 1939, to January 23, 1940, and that I last saw her alive on January 23, 1940.

Immediate cause of death: Carcinoma (Liver)

DURATION: 6 mths.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Towson - Md Date signed: Jan 24, '40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1939 85

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RECEIVED
FEB 2 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

0215

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: BALTIMORE
City or town: TOWSON
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1 STEVENSON LANE
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD. County: BALTIMORE
City or town: TOWSON Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1 STEVENSON LANE
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: LENA PRATT COVINGTON

3. (b) Social Security Number: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6.(a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: HARRY STRAUGHN COVINGTON

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): JUNE 6, 1865

8. AGE: Years: 74 | Months: 7 | Days: 21 | If less than one day: ____ hrs. ____ min.

9. Birthplace: CHURCHILL, MARYLAND (Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business: AT HOME

FATHER
12. Name: WILLIAM BENNETT PRATT
13. Birthplace: MARYLAND

MOTHER
14. Maiden name: MARY LOUISA LEAVERTON
15. Birthplace: MARYLAND

16. Informant: MRS. SAMUEL BRECKENRIDGE
Address: 1 STEVENSON LANE, TOWSON, MD.

17. REMOVAL (Burial, cremation, or removal. Which?) Date thereof JAN. 29, 1940 (month) (day) (year)
~~Cemetery or crematory~~ BARTON BROS. FUNERAL HOME
Location CENTERVILLE, MARYLAND.

18. Funeral director: John Burns' Sons
Address: Towson, Maryland

19. Jan 28 1940 (Date rec'd by registrar) By [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JAN. 27, 1940, at 8:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 1938, to Jan 27 1940, and that I last saw h er alive on Jan. 27, 1940. 19____

Immediate cause of death	DURATION
Chr. Nephritis	about 4 yrs
Due to	
Due to	
Other conditions: Hypertensive C-V Disease Chr. Myocarditis, Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of: ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: ____ Injured at work?

23. SIGNATURE: Jos. A. Sedlacek, M. D. (M. D. or other)
Address: Towson, Md. Date signed 1/28/40

RECEIVED
FEB 2 1940
BUREAU V. S.

Dr Bacon Taylor Ave Bird 127

STATE OF MARYLAND—CERTIFICATE OF DEATH

0216

131-C

1. PLACE OF DEATH

County Balto Registration Dist. No. 38

Village or City Towson R. F. D. 6 No. Old Harford Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Harvey Dawes If U. S. Veteran, specify WAR

(a) Residence: No. Old Harford Rd St., Ward.
(Usual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 16 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Brick Layer

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Balto Co. Md.
(State or country)

FATHER

13. NAME Augustus F. Dawes

14. BIRTHPLACE (city or town) Balto. Co. Md
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Posley

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs Richard May
(Address) Old Harford Rd

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Parkwood Date Feb 1st, 1940

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED 1/30, 1940 A. M. Bacon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 29th, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1940, to Jan. 29, 1940
I last saw him alive on Jan. 28, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Chronic nephritis	?
Other Contributory Causes of Importance:	
Terminal Asthma	1/13/40

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. W. Bacon M. D.
(Address) Parkville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED FEB 2 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0217

94a

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 38

Village or City South Towson, — No. Stevenson Lane St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine L. Davis — If U. S. Veteran, specify WAR

(a) Residence: No. Stevenson Lane St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter T. Davis

6. DATE OF BIRTH (month, day, and year): Dec. 8., 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore City, Md.

FATHER

13. NAME: Christian Uhrbrock

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Susan Sheppard

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Walter B. Davis

(Address): Stevenson Lane

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Memorial, Date: 1/7/40, 19

19. UNDERTAKER: C. Vernon Lemmon

(Address): 4611 Park Heights, Balto. Md.

20. FILED: Jan 5, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. (Month) 4, (Day) 1940, at 93 — (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to Jan 4, 1940

I last saw h.. alive on Jan 3, 1940; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
Coronary Sclerosis	1939

Other Contributory Causes of importance:

Acute Cardiac Dilatation	1940

Name of operation — Date of

What test confirmed diagnosis? Clinical Findings — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. W. Bishop, M. D.

(Address) 501-507 E. Fayette St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-E

0218

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Aella

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Westchester Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Aella, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Westchester Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Weller

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife August Weller

6(c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1862

8. AGE: Years	Months	Days	If less than one day
76	9	18	hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden name unknown

15. Birthplace "

16. Informant Mrs. Chas. Frey.

Address Aella, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 (month) 8 (day) 1940 (year)

Cemetery or crematory St Johns.

Location Ellicott City Md.

18. Funeral director F.C. Higinbothom Jr.

Address Ellicott City Md.

19. 1/7 (Date rec'd by registrar) 1940 H. L. Sanders Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 1939, to Jan 4 1940, and that I last saw her alive on Jan 3 1940.

Immediate cause of death Intestinal Obstruction — DURATION 2 wk.

Due to ?

Due to Chronic Intestinal Nephritis — ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank O. Miller M.D. M. D. or other

Address Ellicott City Md Date signed Jan 5 40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 31 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (315)

CERTIFICATE OF DEATH

0219

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Haarlam Lodge, Haarlam Lane.
Stay in hospital or inst. (yrs., or mos., or days): 1 day.
Stay in this community (yrs., or mos., or days): 58 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3026 Oakcrest Avenue.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles F. Depkin

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife: Rosina Depkin

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 14, 1863.

8. AGE: Years: 76 | Months: 2 | Days: 15 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Retired. Formerly in saloon business.

11. Industry or business:

FATHER
12. Name: Frederick Depkin
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna Paul
15. Birthplace: Germany

16. Informant: Charles A. Depkin
Address: 7529 Harford Road, Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 1, 1940. (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18. Funeral director: F. Lassahn and Son
Address: 7401 Belair Rd.

19. 1/29 (Date rec'd by registrar) 19 40 Registrar

Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 29, 1940. 19 40. at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 28 19 40 to January 29 19 40 and that I last saw him alive on January 29 19 40

Immediate cause of death: Cardio-Vascular-Renal — DURATION: ?

Due to: Disease with Decompensation — DURATION: ? yrs

Due to: Uremia — DURATION: ?

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Fred A. Ries, M. D.
M. D. or other
Address: Haarlem Lodge, Catonsville — Date signed: 1/29/40

RECEIVED
FEB 1 1940
BUREAU V. S.

0220

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 43

Village or City Fullerton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Betsy Ann Dobson If U. S. Veteran, specify WAR

(a) Residence: No. Belair Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1934

7. AGE: Years 5 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Arthur C. Dobson

14. BIRTHPLACE (city or town) (State or country) White Marsh, Maryland

MOTHER

15. MAIDEN NAME Anna May Dannettel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Anna May Dobson Belair Road, Fullerton

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Prospect Hill Cem. Towson Date Jan. 20, 1940

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 125 E. North Ave., Baltimore

20. FILED Jan 19, 1939 Mrs. G. A. Fritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 17th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1940, to Jan 17th, 1940

I last saw her alive on Jan 17th, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza	Jan 17 1940

Other Contributory Causes of importance: Case reported to Coroner and he did not think investigation necessary

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Edward Benson M. D.

(Address) 1 W. Overlea Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

0221

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County: Baltimore

City or town: Baldwin (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 78-3-5

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baldwin Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John Dorn

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Annie Dorn

6(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Oct. 14, 1861

1939, 4

8. AGE: Years	Months	Days	If less than one day
78	3	5	hrs. min.

9. Birthplace: Germany (Town, county and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER 12. Name: Not Known

13. Birthplace: "

MOTHER 14. Maiden name: Not Known

15. Birthplace: "

16. Informant: Mr. B. G. Dorn

Address: Phoenix

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan. 21, 1940 (month) (day) (year)

Cemetery or crematory: Reformed Church, Jacksville

Location: Balto Co., Md.

18. Funeral director: Sandra M. Burns

Address: Sparks, Md.

19. Jan. 20, 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 19, 1940, at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13, 1939, to Jan 19, 1940, and that I last saw him alive on Jan 14, 1940.

Immediate cause of death	DURATION
Chronic Valvular Endocarditis	2 yrs.
Due to Chronic Interstitial Nephritis	5 yrs.
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Ochmer C. Enson M.D. M. D. or other

Address: Cockeysville Md. Date signed: Jan 19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 7 1950
BUREAU V. S.

0222

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (1a)

County Baltimore — Registration Dist. No. 38

Village or City Brooklandville — No. Falls Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. -- mos. -- ds. How long in U.S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Vincent Paul Drugan — Social Security No.: F 212-01-6190

(a) Residence: No. Falls Road, St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bertha Turner

6. DATE OF BIRTH (month, day, and year) November 11, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	54	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Construction Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. John McShane

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Hugh Drugan

14. BIRTHPLACE (city or town) --------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Barrett

16. BIRTHPLACE (city or town) Carroll County
(State or country) Maryland

17. INFORMANT Mrs. Bertha T. Drugan
(Address) Falls Road, Brooklandville

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1/16, 1940

19. UNDERTAKER Henry G. Means and Son
(Address) 802 N. Eutaw St.

20. FILED Jan 16, 1940 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1939, to Jan 14, 1940

I last saw h-- alive on Jan 13, 1940; death is said to have occurred on the date stated above, at 3.45 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other **Contributory Causes** of Importance:

Name of operation None — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury None

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Means M. D.

(Address) 612 N. 40 St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1919*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0223

(130)

1. PLACE OF DEATH

County Bucks Registration Dist. No. 42

Village or City Lansdowne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Tiny Elizabeth Luke If U. S. Veteran, specify WAR

(a) Residence: No. 238 Second ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Luke

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. H. W.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charlottsville (State or country) Va.

FATHER

13. NAME Henry R. Marshall

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Mr. James R. Luke (Address) 238 Second ave Lansdowne

18. BURIAL, CREMATION, OR REMOVAL (Place) Meadowridge Date Jan. 15 '40

19. UNDERTAKER Harry H. Wiltse (Address) 4016 Edmondson ave.

20. FILED Jan 14, 19 40 Geo Keeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 11, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1939, to Jan 11, 1940

I last saw h.. alive on Jan 11, 1940; death is said to have occurred on the date stated above, at 3 02 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute Nephritis; did not involve pregnancy, childbirth, or the puerperal state; but followed a rheumatic infection C.W.B.R.	1939
Other **Contributory Causes** of Importance: Acute Myocarditis	1939

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard Larson. M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants and wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(41) 0224

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto
County Essex
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wye Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Middlebrough Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Wye Ave (Middle River P.O.)
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Sp. Am. & World War

3. (a) FULL NAME George H Dunham

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: don't know
6 (b) Name of husband or wife: None
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: about ~~55~~ 69? Months: Days: If less than one day ____ hrs. ____ min.
9. Birthplace: Brunswick, Canada (Town, county, and state)
10. Usual occupation: Retired Soldier
11. Industry or business: U. S. A.
FATHER
12. Name: Unknown
13. Birthplace: "
MOTHER
14. Maiden name: "
15. Birthplace: "
16. Informant: Sgt. Hubert Stokes
Address: St. George Rd. Middlebrough
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17-40 (month) (day) (year)
Cemetery or crematory: Balto. National
Location: Frederick Rd.
18. Funeral director: John G. Connelly
Address: Essex
19. ____ 19____ (Date rec'd by registrar) John Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 14th 1940, at ? M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19____, to ____ 19____, ~~and that I last saw h~~ ____ ~~alive on~~ ____ 19____.
Immediate cause of death: Accidental by self inflicted pistol (45 cal) bullet
Due to: wound through abdomen
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 1-14-1940
Where did injury occur? Essex (City or town) Balto (County) Md (State)
Injured at home, farm, ~~industry, public place~~ (where?) Home
Means of injury Pistol Shot Injured at work? No

23. SIGNATURE W. G. T. Myer Dept M. Ex. M. D. or other
Address Pricesville Md Date signed 1-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

0225

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(S)

1. PLACE OF DEATH:
County Baltimore
City or town Woodlawn Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Windsor Mill + Old Court Rds
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Windsor Mill + Old Court Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Ecker

3. (b) Social Security Number none

4. Sex unknown

5. Color or race W

6.(a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 11 1940

8. AGE: Years | Months | Days | If less than one day ____ hrs. 0 min.

9. Birthplace Woodlawn Balto Co Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Charles E Ecker
13. Birthplace Westminster Md

MOTHER
14. Maiden name Lulu M Wilson
15. Birthplace Princess Anne Md

16. Informant Mrs Chas E Ecker
Address Woodlawn Md

17. Disposed of on premises (Burial, cremation, or removal. Which?) Date thereof Jan 11 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director none

Address

19. Jan 12 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Miscarriage	
2 Md	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm E Martin M. D. or other
Address Randallstown, Md Date signed

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0225

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital, Towson

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1207 N. Patterson Park Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Anna Engelmeyer

3. (b) Social Security Number: 220-07-4252 Poss.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
63	7	28	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: garment fitter

11. Industry or business:

FATHER — 12. Name: Joseph W. Engelmeyer

13. Birthplace: Bavaria

MOTHER — 14. Maiden name: Clara Wernig

15. Birthplace: Maryland

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/13/40 (month) (day) (year)

Cemetery or crematory: Most. Holy Redeemer Cem.

Location: Belair Rd.

18. Funeral director: Henry Haecker Sons Inc.

Address: 1301 E. Eager St.

19. Jan 10 40 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 10 1940, at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 10 1940, and that I last saw h-er alive on Jan 10 1940.

	DURATION
Immediate cause of death: Chronic myocarditis	6 yr
Due to: Generalized arteriosclerosis	duration
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

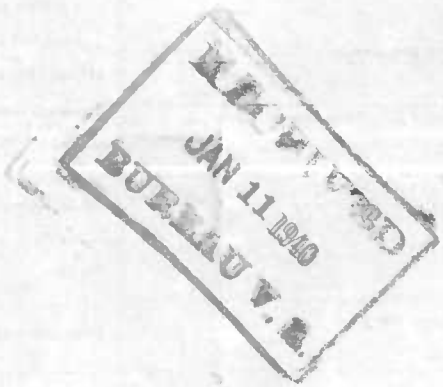
Where did injury occur? — (City or town) — (County) — (State)

Injured of home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Arthur E. Pattrell, M.D. M. D. or other

Address: Towson, Maryland Date signed:


RECEIVED
JAN 11 1940
BUREAU V. M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0227

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35

Village or City Trumps No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Still Born Ensor

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan - 8 - 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Trumps.
(State or country)

FATHER

13. NAME Earl Ensor.

14. BIRTHPLACE (city or town) Maryland.
(State or country)

MOTHER

15. MAIDEN NAME Rhoda Virginia Naylor.

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Earl Ensor
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place On Property Date Jan 9, 1940

19. UNDERTAKER Earl Ensor
(Address)

20. FILED Jan 9, 1940 Charles L Fulton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) - 8 (Day) - 1940 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan - 8 -, 1940, to Jan - 8 -, 1940

I last saw him alive on —, 19—; death is said to have occurred on the date stated above, at 6.45 p. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Still Born.	
Other **Contributory Causes** of importance:	
Fall on ice.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify —

(Signed) J. L. Fagle, M. D.

(Address) New Freedom, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

0228

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County

City or town Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Stillwater Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto.

City or town Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Stillwater Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Donald Wm Ernst (DONALD WM. ERNST)

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 1939

8. AGE: Years | Months 7 | Days 14 | If less than one day hrs. min.

9. Birthplace Essex Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Charles Mixon Ernst
13. Birthplace Balto Md

MOTHER
14. Maiden name Mary Elizabeth Ruschel
15. Birthplace Cumberland Md

16. Informant Chas Mixon Ernst

Address Essex Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-15-40 (month) (day) (year)

Cemetery or crematory Cedar Hill Cem.

Location Gov. Ritchie Highway

18. Funeral director John G Connelly

Address Essex Md.

19. 1-15-40 19 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1940, at ? A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , ~~and that I last saw h alive on~~ 19

Immediate cause of death: Acute labor pneumonia of right lung.

Due to found dead in bed by mother, had no Dr before death

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy Nom

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. G. T. Myer Dept M Ex M. D. or other

Address Pylesville Md Date signed 1-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 33-a

Reg. Dist. No. 33

0229

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Reisterstown Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) ✓

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Reisterstown Md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** James Leroy Eyler

3 (b) If veteran, name war ✓

3 (c) ~~Social Security~~ No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1939

8. **AGE:** Years | Months 4 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Taneytown, Carroll Co, Md. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER

12. Name Maurice Sterling Eyler

13. Birthplace Taneytown Md

MOTHER

14. Maiden Name Rose Estella Baker

15. Birthplace Emmitsburg Md

16 (a) Informant Maurice Sterling Eyler

(b) Address Reisterstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1940 (month) (day) (year)

(c) Cemetery or crematory Emmitsburg, Md.

Location

18 (a) Funeral director Marvin Fusp

(b) Address Taneytown Md.

19 (a) 1/15/40 (Date rec'd by registrar) (b) J. F. Frank Middleton Registrar

MEDICAL CERTIFICATION

20. Date of death 1/14/1940, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1940, to 1/14 1940, and that I last saw him alive on 1/14 1940.

Immediate cause of death Pneumonia (lobar) — Duration 3 days

Due to la grippe

Due to malnutrition

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury ✓

23. Signature James L. G. Safell M. D. or other

Address Reisterstown, Md Date signed 1/14/40

MARGIN RESERVED FOR BINDING

Cannot locate parents

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 27-a

Reg. Dist. No. 44

0230

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Dundalk (outside)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Paradise Park. Box 182 -

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----------

(e) Length of stay in this community (yrs., mos., or days) 3 mo

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Dundalk. (rural)
(If outside city or town limits, write RURAL and give town)

(d) Street No. Paradise Park Box 182.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) **FULL NAME** SANDRA ELIZABETH FINIFF.

3 (b) If veteran, name war ----------

3 (c) Social Security No. ----------

4. Sex F

5. Color or race Wh.

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife ----------

6. (c) If alive, give age ---------- years

7. Birth date of deceased (mo., day, yr.) May 13. 1939.

8. **AGE:** Years ---- Months 8 Days 29 If less than one day ---- hr. ---- min.

9. Birthplace Lancaster. Pa.
(Town, county, and state)

10. Usual occupation None

11. Industry or business ----------

FATHER 12. Name Le Max Herr Finiff

13. Birthplace Lancaster Co Pa.

MOTHER 14. Maiden Name Gladys. marg. Rachel.

15. Birthplace Lancaster Co. Pa.

16 (a) Informant Le max Finiff.

(b) Address Paradise Park. Dundalk.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-40 (month) (day) (year)

(c) Cemetery or crematory Lancaster Co. Pa.

Location Lancaster, Pa.

18 (a) Funeral director J. B. Connelly

(b) Address Essex Md.

19 (a) Jan 12 40 (Date rec'd by registrar) (b) Dawson L. Harbin Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 12 1940, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1940, to Jan 12. 1940.

and that I last saw him alive on Jan 11 1940.

Immediate cause of death	Duration
Bacillary dysentery.	5 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ----------

Of autopsy ----------

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ----------

(b) Date of occurrence ----------

(c) Where did injury occur? ---------- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ---------- While at work? ----------
(Specify type of place)

(e) Means of injury ----------

23. **Signature** Louis N. Tollin M.D.
M. D. or other

Address Sparrows Point Md. Date signed 1/12/40

Md

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0231

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Baltimore County
City or town: Rural near Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rolling Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): two months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Rural - near Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rolling Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: David R. Fleetwood

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife

6(c) If wife, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 13, 1939.

8. AGE: Years ____ Months 2 Days 18 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland.
(Town, county, and state)

10. Usual occupation: infant

11. Industry or business

FATHER
12. Name: Burnett Fleetwood
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Virginia Barrack
15. Birthplace: Baltimore Md.

16. Informant: Mrs. Virginia Fleetwood
Address: Woodlawn Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 3, 1940 (month) (day) (year)
Cemetery or crematory: Lorraine Cemetery
Location: Woodlawn, Md.

18. Funeral director: [signature]
Address: 1003 W. Baltimore St.

19. 2-2 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 31 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940

Immediate cause of death: Bronchopneumonia — DURATION: 4 days

Due to: Pneumococcus Type XX

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: no autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D.
M. D. or other
Address: Woodlawn Md. Date signed: Feb 1 1940

RECEIVED
MAR 4 1940
BUREAU V. S.

0232

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 mos., 23 days

Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Freeland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Fourhman

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): September 19, 1859

8. AGE: Years: 80 Months: 3 Days: 23 If less than one day: hrs. min.

9. Birthplace: Manchester, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER
12. Name: Henry Fourhman
13. Birthplace: U.S.

MOTHER
14. Maiden name: Susan Shaver
15. Birthplace: Maryland

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: January 15, 1940. (month) (day) (year)

Cemetery or crematory: Stiltz Cemetery

Location: Stiltz, Pa.

18. Funeral director: Jacob Hartenstein

Address: New Freedom, Pa.

19. 1/12 1940 (Date rec'd by registrar) [signature] Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12, 1940, at 12:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September/1939, to January 12, 1940, and that I last saw her alive on January 12, 1940.

Immediate cause of death: Chronic myocarditis before — DURATION: 1939

Due to: Chronic generalized arteriosclerosis before — "

Due to

Other conditions: Psychosis with cerebral arteriosclerosis before — "
(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 1/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) I

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(108)

0233

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Parkville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 3007 Lavender Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Parkville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3007 Lavender Ave.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha A. Fry

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James C. Fry

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 14th 1853

8. AGE: Years	Months	Days	If less than one day
86	5	0	____ hrs. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home

FATHER — 12. Name Thomas Binyon

FATHER — 13. Birthplace Baltimore Maryland

MOTHER — 14. Maiden name Elizabeth North

MOTHER — 15. Birthplace Baltimore Maryland

16. Informant Edgar S. Fry

Address 3007 Lavender Ave. Parkville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 17th 1940 (month) (day) (year)

Cemetery or crematory Baltimore

Location Baltimore Maryland

18. Funeral director Frederick Ludahn Son

Address 7401 Belair Road

19. 1/15 1940 Mr. G. A. Fritz

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 13 1940, to January 14 1940 and that I last saw h[er] alive on January 14 1940

Immediate cause of death (Rt) Lobar Pneumonia — DURATION January 13

Due to

Due to

Other conditions Lobar Pneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) ✓ (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Morris B. Green M.D. M. D. or other

Address 3009 Evergreen Ave. Baltimore Md. Date signed 1/15/40

RECEIVED
JAN 19 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

0234

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 47 Nunnery Lane
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 Mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 47 Nunnery Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Abbie Gaither

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Henry Clay Gaither
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 26, 1863
8. AGE: Years 76 Months 5 Days 22 If less than one day hrs. min.
9. Birthplace West Friendship, Howard Co. Md.
(Town, county, and state)
10. Usual occupation Home
11. Industry or business Own Home
FATHER 12. Name Deal Cavey
13. Birthplace Maryland
MOTHER 14. Maiden name Sarah Barton
15. Birthplace Maryland
16. Informant Harry C. Gaither
Address 47 Nunnery Lane, Catonsville
17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 19, 1940 (month) (day) (year)
Cemetery or crematory Mt. View Cemetery
Location Howard Co. Maryland
18. Funeral director Easton Sons
Address Ellicott City Md.
19. 1/19 1940 (Date rec'd by registrar) H. Andrews Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17th 1940, at 1240 A M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from January 5 1938, to Jany 17 1940, and that I last saw her alive on Jany 17 1940.
Immediate cause of death Carcinoma of the Caecum c̄ Multiple metastases
Due to
Due to
Other conditions Rt. renal calculus Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 1½ yrs ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Wesley Edel M.D.
M. D. or other
Address 3403 Garrison Blvd. Date signed 1/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 23 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 44

CERTIFICATE OF DEATH

0235

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town Sparrows Point.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Church Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) ~~[illegible]~~

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Sparrows Point.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Church Lane.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME JEAN GAIVENAS.

3 (b) If veteran, name war ———

3 (c) Social Security No. ———

4. Sex Fem

5. Color or race wh.

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife ———

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Jan. 4. 1940

8. AGE: Years Months Days If less than one day

Still born ——— hr. ——— min.

9. Birthplace Sparrows Point. Md.
(Town, county, and state)

10. Usual occupation none.

11. Industry or business ———

FATHER
12. Name Anthony Alexander Gaivenas
13. Birthplace Sparrows Point. Md.

MOTHER
14. Maiden Name Melva. Martha Hairfield.
15. Birthplace Spottsylvania Co. Va.

16 (a) Informant father
(b) Address as above.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4. 40 (month) (day) (year)

(c) Cemetery or crematory

Location Holy Rosary Cem.

18 (a) Funeral director ~~[illegible]~~

(b) Address Sparrows Point Md.

19 (a) Jan 4. 40 (Date rec'd by registrar) (b) Dawson L. Harbor Registrar

John M. Weber, Bank & Chisley st.

MEDICAL CERTIFICATION

20. Date of death Jan. 4. 1940, at 2 45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from ——— 19 ——, to Jan 4 1940, and that I last saw him alive on ——— 19 ———.

Immediate cause of death Still birth.

Due to Premature Birth (5 1/2 mo).

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Tollin Md
M. D. or other

Address Sparrows Pt. Md Date signed 1-4-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0236

1. PLACE OF DEATH (83-a)

County Baltimore Registration Dist. No. 33

Village or City Reisterstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidanca in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Augustus Gettinger If U. S. Veteran, specify WAR None

(a) Residence: No. Reisterstown, Md. St., Ward. Social security—None

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1866

7. AGE Years 73 Months 11 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy mount Carroll Co. Md

FATHER

13. NAME Jacob Gettinger

14. BIRTHPLACE (city or town) (Stata or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Mary Ann Tanner

16. BIRTHPLACE (city or town) (Stata or country) Reisterstown Md.

17. INFORMANT (Address) Sally Gettinger (Sister) Reisterstown, Md

18. BURIAL, CREMATION, OR REMOVAL Place Sandy Mount Cem. Date Jan 26, 1940

19. UNDERTAKER (Address) J. F. Cline & Sons Reisterstown Md

20. FILED Jan. 25, 1940 J. Brand Mott, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attendad daceased from Jan. 21, 1940, to Jan. 24, 1940

I last saw him alive on Jan. 23, 1940; death is said to have occurred on the data stated above, at 12:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/21/40

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was thara an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. F. Earnshaw M. D.

(Address) Reisterstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0237

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Balto Co.
City or town Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Garrison Forrest Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 53 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Owings Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Garrison Forrest Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME G. A. Graubner Gustav Graubner
3. (b) Social Security Number

4. Sex Male
5. Color or race Wh.
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Maria Englehardt Graubner
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 16, 1869
8. AGE: Years 70 Months 1 Days 9 If less than one day hrs. min.
9. Birthplace Germany (Town, county, and state)
10. Usual occupation Brewmaster
11. Industry or business Unemployed
FATHER 12. Name Graubner
13. Birthplace Germany
MOTHER 14. Maiden name
15. Birthplace Germany
16. Informant Mr. Robert H. Carr
Address 653 W. University Pkwy
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 29/40. (month) (day) (year)
Cemetery or crematory Loudon Pk
Location 3801 Frederick Ave. Balto Md
18. Funeral director Harry H. Nitzke
Address 4101 Edmondson Ave
19. 1-27 1940 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 25th 1940, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, and ~~that I last saw h~~ ~~alive on~~ 19
Immediate cause of death Coronary Thrombosis
Due to and suddenly without complaining of
Due to being sick
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M P O Myer Dept M Ex M. D. or other
Address Pikesville Md Date signed 1-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

0238

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

~~City~~ or town Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 4 yrs. 1 Mo. 2 Days

Stay in this community (yrs., or mos., or days) D D D

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Reisterstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob Green

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16 - 1854

8. AGE: Years 85 - Months 4 - Days 29 - If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John E. Green

13. Birthplace Maryland

MOTHER 14. Maiden name Evelyn Wooden

15. Birthplace Maryland

16. Informant Balto Co. Almshouse

Address Texas Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 16 1940 (month) (day) (year)

Cemetery or crematory Balto Co. Almshouse Cem

Location Texas Md.

18. Funeral director Landon M. Brooks

Address Sparks Md.

19. Jan 14 1940 (Date rec'd by registrar) Wm. J. Whitcomb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940, at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 - 1937 to Jan 14 1940 and that I last saw h- alive on Jan 13 1940

Immediate cause of death	DURATION
Chronic Valvular Endocarditis	1 yr.
Due to Arteriosclerosis -	
Due to Senility -	
Other conditions (Died suddenly.) (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Emson M.D. M. D. or other

Address Cockeysville Md. Date signed Jan 14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

0239

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Balto. Co.
City or town: Sparrows Pt.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 625 E. St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 625 E. St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Ann Green

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles A. Green
6 (c) If alive, give age: 59 years
7. Birth date of deceased (mo., day, yr.): July 20 - 1881
8. AGE: Years: 58 Months: 5 Days: 16 If less than one day: hrs. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Henry Schwartzkopf
13. Birthplace: Germany
MOTHER 14. Maiden name: Brown
15. Birthplace: Germany
16. Informant: Charles A. Green
Address: 625 E. St Sparrow Pt
17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) 1/10 - 40
Cemetery or crematory: Oak Haven
Location: Eastern Av Rd
18. Funeral director: John A. McCann
Address: 3000 E Balto. Md.
19. (Date rec'd by registrar) Jan 8 - 1940 Dawson L. Harbor Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 6 - 1940, at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 - 1939, to Jan 6 - 1940, and that I last saw her alive on Jan 6 - 1940

Immediate cause of death	DURATION
Myocardial Insufficiency	six mos.
Due to Hypertension	ten years
Due to Chronic Interstitial Nephritis	two years
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? ✓ (City or town) ✓ (County) (State)
Injured at home, farm, industry, public place (where?): ✓
Means of injury: Injured at work?

23. SIGNATURE: Dawson L. Harbor M. D. or other
Address: Sparrows Point, Md Date signed: Jan 8. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Farber

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

0240

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 3 mos 23 da
Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Mount Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3516 - 35th St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eleanor Hamaker

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	W.	Widowed

6 (b) Name of husband or wife John S. Hamaker
6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) July 29, 1866

8. AGE:

Years	Months	Days	If less than one day
73	5	3	hrs. min.

9. Birthplace Atlas, Michigan (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER 12. Name	Lawson Newell Murray
FATHER 13. Birthplace	New York.
MOTHER 14. Maiden name	Emily Eady.
MOTHER 15. Birthplace	New York.

16. Informant Hosp. records.
Address
17. Burial
(Burial, cremation, or removal. Which?) Date thereof Jan 3 1940 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
18. Funeral director W. W. Chambers Co.
Address 400 Chapin St Washington D.C.
19. 1/3 (Date rec'd by registrar) 1940 W. A. Andrews Registrar
Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 9 1938, to Jan. 2 1940, and that I last saw her alive on Jan. 2 1940.

Immediate cause of death	DURATION
Broncho Pneumonia	10 da.
Due to Chronic Hypo Nephritis	Study
Due to Gen. Arteriosclerosis	Study
Other conditions Senile Psychosis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M. D.
M. D. or other
Address Spring Grove State Hosp. Date signed 1/2/40
Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

0241

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Upper Falls
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Franklinville Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Upper Falls Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Franklinville Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Augusta Hammond

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joshua Hammond

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 10, 1847

8. AGE: Years: 92 Months: 7 Days: 7 If less than one day: hrs. min.

9. Birthplace: Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Isaac Ledley
13. Birthplace: Balto. Co., Md.

MOTHER
14. Maiden name: Hannah Lloyd
15. Birthplace: Balto. Co., Md.

18. Informant: Mr. Hammond
Address: Upper Falls, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 20, 1940 (month) (day) (year)

Cemetery or crematory: Salem Methodist Cem.

Location: Balto. Co., Md.

18. Funeral director: F. Lassahn & Son

Address: 7401 Belair Road

19. 1/18/40 (Date rec'd by registrar) 19 W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17th 1940, at 3:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10, 1936, to Jan. 17, 1940, and that I last saw her alive on Jan. 17, 1940.

		DURATION
Immediate cause of death	Congestive Heart Failure	6 hrs.
Due to	Hypertension	4 yrs
Due to	Arteriosclerosis	6 yrs
Other conditions	Heat Exhaustion	1 wk (1936)

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Clifford F. Hudson M. D. or other

Address: Fork, Md. Date signed: 1/19/40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0242

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town White Hall R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua James Hanna

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Ina Miller

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 26, 1872

8. AGE: Years: 67 | Months: 5 | Days: 1 | If less than one day: hrs. min.

9. Birthplace: Baltimore Co.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mrs. Ralph Hanna
Address: White Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 30-1940 (month) (day) (year)

Cemetery or crematory: Vernon

Location: White Hall, Md.

18. Funeral director: P. Markland Law

Address: White Hall Md.

19. Jan 29 1940 (Date rec'd by registrar) Milnes Bortner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939 to Jan. 27 1940, and that I last saw h- alive on Jan. 27 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	1/24/40
Due to: Hypertension	
Due to:	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. M. Frame
M. D. or other

Address Baltimore, Md. Date signed 1/28/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0243

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Glen Arm
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Old Manor Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Lee Haven Farm
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edmund Maynadier Hardcastle

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 23. 1886

8. AGE: Years	Months	Days	If less than one day
53	1	24	____ hrs. ____ min.

9. Birthplace: Talbot Co. Md.
(Town, county, and state)

10. Usual occupation: — Home

11. Industry or business

FATHER
12. Name: Edmund L. F. Hardcastle
13. Birthplace: Denton, Md.

MOTHER
14. Maiden name: Margaret F. Yellott
15. Birthplace: Balto. Co. Md

16. Informant: Mrs C. E. Henderson, Jr.
Address: Gibson Island, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 18. 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md.

18. Funeral director: G. Howard Strong
Address: 715 Light St.

19. Jan 16 1940 (Date rec'd by registrar) W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 16. 1940, at 7.20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1938, to Jan 15 1940, and that I last saw him alive on Jan 15 1940.

Immediate cause of death: Carcinoma of R Kidney and Lung. — DURATION: 1938

Due to: Primary carcinoma of kidney. C.W.G.R. Duration: two years.

Due to

Other conditions: nephrectomy.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Removed right Kidney 1938. September 2nd

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Walter M Hammett M. D. or other

Address: Baldwin Date signed: 1/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
FEB 3 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0244

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH:

County Balto.

City or town Garrison
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Garrison Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME E. Blanche Harden

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife I. Tyson Harden

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1858

8. AGE: Years	Months	Days	If less than one day
81	5	12	hrs. min.

9. Birthplace Fredrick Co.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Geo. W. Horner

13. Birthplace Maryland

MOTHER 14. Maiden name Adalade Wickert

15. Birthplace Carroll Co.

16. Informant Chester Harden

Address Garrison, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 21, 194 (month) (day) (year)

Cemetery or crematory Stone Chapel Cem.

Location Balto. Co.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. 1/20 1940 C. C. Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19th 1940, at 2.40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8th 1938, to Jan. 19th 1940, and that I last saw h alive on Jan. 18th 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	1 1/2 yrs
Due to Coronary Sclerosis	1 1/2 yrs
Due to Art. Sclerosis	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Miller M. D.
M. D. or other

Address Pikesville, Md. Date signed 1/20/40

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-2) Reg. Dist. No. 30 0245

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County BALTIMORE
(b) City or town CATONSVILLE MD. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: FREDERICK AVE. Beechwood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10DAS.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. KENWOOD AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME BARBARA HARTLOVE

3 (b) If veteran, name war: NO

3 (c) Social Security No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: THOMAS HARTLOVE

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) JUNE 16 1849

8. AGE: Years 90 | Months 7 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name John Bowers
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Mrs Gummer (Daughter)
(b) Address 116 N Kenwood Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/22/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore City

18 (a) Funeral director Lillye Zeiler Inc
(b) Address 403 S. Bridge St

19 (a) 1/21/40 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death Jan. 19, 40. 19___, at 4/30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4, 40. 19___ to Jan. 19, 40. 19___, and that I last saw him alive on Jan. 18. 40. 19___.

Immediate cause of death	Duration
Chronic Myocarditis.	6 mos.
Due to Senility.	Years
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings: none
Of operations
Of autopsy no.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Lloyd Johnson M. D. or other
Address Catonsville Date signed 1-19-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN 26 1940

0246

STATE OF MARYLAND—CERTIFICATE OF DEATH

(108)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md. No. 103 Birdwood Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Margaret Henze If U. S. Veteran, specify WAR .....

(a) Residence: No. 103 Birdwood Ave. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Henze

6. DATE OF BIRTH (month, day, and year) November 19/1871

7. AGE Years 68 Months 1 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Schmidtman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles W. Henze (Address) 103 Birdwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Jany 8, 1940

19. UNDERTAKER Harry H. Armacost (Address) 4204 Ridgewood Ave

20. FILED 1/6, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1939, to Jan 4, 1940

I last saw her alive on Jan 4, 1940; death is said to have occurred on the date stated above, at 1:00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Embolus	Sudden

Other Contributory Causes of importance:

Pneumonia Lobar	Dec 27, 1939

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Fredrick Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0247

1. PLACE OF DEATH (93-d)

County Baltimore Co Registration Dist. No. 42

Village or City Catonsville ND. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora E. Hightbarger

(a) Residence: No. 912 Leeds Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hightbarger

6. DATE OF BIRTH (month, day, and year) Aug 14-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	Aug 5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Funkstown Md.
(State or country)

FATHER

13. NAME Morgan Clark

14. BIRTHPLACE (city or town) Funkstown Md.
(State or country)

MOTHER

15. MAIDEN NAME Susan Shaub

16. BIRTHPLACE (city or town) Funkstown Md.
(State or country)

17. INFORMANT Mrs Wm King
(Address) 912 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Funkstown Cemetery Date Jan 27, 1940

19. UNDERTAKER Bernard A Finch
(Address) 1800 N Broadway

20. FILED 29 Jan, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1940, to Jan. 25, 1939

I last saw her alive on Jan. 24, 1940; death is said to have occurred on the date stated above, at 12.45 m. A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	About 5 Yr
Chronic Myocarditis	1. yr
Broncho Pneumonia	2 Days

Other **Contributory Causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) 2757 W North Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

0248

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 mos.

Stay in this community (yrs., or mos., or days): 3 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2516 W. Pratt Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine Hines

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late John J. Hines

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 14, 1862

8. AGE: Years 77 | Months 10 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: ? Tierney Dennis
13. Birthplace: Ireland

MOTHER
14. Maiden name: Margaret Burns
15. Birthplace: Ireland

16. Informant: Hospital records

Address

17. burial
(Burial, cremation, or removal. Which?)

Date thereof: Jan 13, 1940
(month) (day) (year)

Cemetery or crematory: St. Peters Cemetery

Location: 1300 Moreland Avenue,

18. Funeral director: John J. Cowan & Son

Address: # 901 Hollins Street,

19. 1/12 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10, 1940, at 1:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10, 1939, to January 10, 1940, and that I last saw her alive on January 10, 1940.

Immediate cause of death	DURATION
Broncho-pneumonia, bilateral	4 days
Due to Coronary and general arteriosclerosis	Before 1939
Due to Chronic interstitial nephritis	Before 1939
Other conditions Psychosis with cerebral arteriosclerosis	Before 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed: 1/10/40

RECEIVED
JAN 15 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0249

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Baltimore
City or town Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 7 yrs., 2 mos., 12 das.
Stay in this community (yrs., or mos., or days) 7 yrs., 2 mos., 12 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1742 Lancaster Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Hines (alias Hiens)

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11, 1891

8. AGE: Years	Months	Days	If less than one day
48	5	18	hrs. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual occupation Factory Worker
11. Industry or business Leather Goods Factory

FATHER
12. Name Peter Hines
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden name Anna Marie Antone
15. Birthplace Germany

16. Informant Louis R. Schuerholz
Address Mt. Wilson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Febr. 1, 1940 (month) (day) (year)
Cemetery or crematory Schwartz's Cemetery,
Location Baltimore, Maryland

18. Funeral director John A. Miller
Address 2334 Jefferson St., Baltimore, Md.

19. Jan. 29, 1940 (Date rec'd by registrar) J. Paul Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1940, at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 17, 1932, to Jan. 29, 1940, and that I last saw her alive on January 29, 1940.

Immediate cause of death	DURATION
Cerebral Embolism	1 day
Due to Unknown	
Due to	
Other conditions Pulmonary Tuberculosis	13 yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Stewart S. Shaffer M.D. (M. D. or other)
Address Mt. Wilson, Md. Date signed 1/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

0250

Reg. Dist. No. 30

1. PLACE OF DEATH
County: Baltimore County
City or town: Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mildred Carter's San. 16 Fusting Ave Catonsville
Stay in hospital or inst. (yrs., or mos., or days): 1 Year 1 Month
Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 125 Oakdale Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: K. Lavinia Hinton

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Howard W. Hinton-deceased
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): August 15-1870

8. AGE: Years: 69 Months: 5 Days: 23 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER
12. Name: CARL Berlau
13. Birthplace: Alsace-Lorainne-France
MOTHER
14. Maiden name: ANNIE USINGER Berlau
15. Birthplace: Germany
16. Informant: J Vernon Hinton
Address: 125 Oakdale Ave. Catonsville
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-25-40 (month) (day) (year)
Cemetery or crematory: Mt Olivet
Location: Baltimore Md.
18. Funeral director: George Farley
Address: Frederick & Shadyhook Ave. Catonsville
19. 1/25 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 23 1940, at 8 45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1932, to January 23 1940, and that I last saw her alive on January 22 1940.

Immediate cause of death	DURATION
Cerebral Hemiplegia	2 Days
Due to Hypertension	8 years
Due to arterio-sclerosis	1
Cerebral hemorrhages Duration: three days	
Other conditions: —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W Winsober Ford M. D. or other
Address: 202 E. Preston St. Baltimore, Md. Date signed: 1/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0251

Reg. Dist. No. 9 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Eudowood Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Towson, Md.
Stay in hospital or inst. (yrs., or mos., or days): 23 days.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2942 Clifton Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Benjamin Edward Hiss
3. (b) Social Security Number: 218-03-9973

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Sadie Rebecca Hiss
6(c) If alive, give age: 43 years
7. Birth date of deceased (mo., day, yr.): February 27, 1890
8. AGE: Years 49 Months 10 Days 26 If less than one day ___ hrs. ___ min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Auto Salesman.
11. Industry or business: Auto Business.
FATHER
12. Name: Benjamin Franklin Hiss
13. Birthplace: Baltimore, Md.
MOTHER
14. Maiden name: Elizabeth Hartlove
15. Birthplace: Baltimore, Md.
16. Informant: Hospital Records,
Address: Eudowood Sanatorium, Towson, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 25 1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Balto, Md
18. Funeral director: G. Howard Strong
Address: 715 Light St.
19. Jan 22 1940 (Date rec'd by registrar) W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 22 1940, at 12.35 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6 1932, to January 22 1940, and that I last saw him alive on January 22 1940.
Immediate cause of death: Pulmonary Tuberculosis
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: ~~May 1939~~ December 1933

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other
Address: Towson, Maryland. Date signed: 1-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 27 1940

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 30

CERTIFICATE OF DEATH

0252

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 1 Glencoe Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1 day

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Alpha, ? (If outside city or town limits, write RURAL and give town)

(d) Street No. Cissel store (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert W Hobbs

3 (b) If veteran, name war no

3 (c) Social Security No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Bessie G. Hobbs

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1 1866

8. AGE: Years 73 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Alpha, Md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John W. Hobbs

13. Birthplace Md.

MOTHER 14. Maiden Name Martha Cornel

15. Birthplace Md.

16 (a) Informant S.B. Cissell

(b) Address Alpha, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1940 (month) (day) (year)

(c) Cemetery or crematory Mt View Cem

Location Alpha, Md.

18 (a) Funeral director F.C. Higinbotham Jr.

(b) Address Elliott City, Md

19 (a) 1/30/40 (Date rec'd by registrar) (b) H.C. Andreal Registrar Deputy Local

MEDICAL CERTIFICATION

20. Date of death Jany 29 1940 at 11a M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Cardio vascular disease

Due to

Due to apoplexy

Other conditions Suddenly death Injury (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo McKeff Dep Med Exam Balt Co M. D. or other

Address 1010 Leeds av Date signed Jany 29 40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

0253

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr., 2 mos., 4 days

Stay in this community (yrs., or mos., or days): " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Dorsey Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Margarete Hoeffler (Margaretha Hoefler)

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ludwig Hoeffler

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 13, 1864

8. AGE: Years: 75 Months: 5 Days: 23 If less than one day: hrs. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home.

FATHER 12. Name: Sebastian Spahn

FATHER 13. Birthplace: Germany

MOTHER 14. Maiden name: unknown

MOTHER 15. Birthplace: Germany

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-9-40 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Balto. Md

18. Funeral director: Chas Dill

Address: Fedrick Ave

19. 1/6 (Date rec'd by registrar) 19-40 Registrar

Deputy Coro

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6, 1940, at 12:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 2, 1938, to January 6, 1940, and that I last saw her alive on January 6, 1940.

	DURATION
Immediate cause of death: Broncho-pneumonia, bilateral	6 days
Due to: Chronic myocarditis before	1938
Due to: Generalized arteriosclerosis "	"
Other conditions: Senile psychosis "	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As given above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 1/6/40

RECEIVED
JAN 16 1940
BUREAU V. S.

Serge Androp, M.D.
Spring Grove State Hosp.

1/6/40

None

-- Seven rooms.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

0254

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore

City or town Overlea
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 105 Walnut Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Overlea Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 105 Walnut Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John E. Holehan

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Sarah A. Holehan

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 16, 1874

8. AGE:

Years	Months	Days	If less than one day
65	8	1	hrs. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual occupation Printer

11. Industry or business U. S. Government

FATHER
12. Name John E. Holehan
13. Birthplace Ireland

MOTHER
14. Maiden name Mary E. Holehan
15. Birthplace Ireland

18. Informant Mrs. Sarah A. Holehan

Address 105 Walnut Ave.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Jan. 20, 1940
(month) (day) (year)

Cemetery or crematory St. Vincents Cem.

Location Balto., Md.

18. Funeral director F. Lassalle & Son

Address 7401 Belair Road

19. 1/18 1940 Mrs. G. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1940, at 3P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17th 1939, to Jan 17 1940, and that I last saw him alive on Jan 17th 1940.

Immediate cause of death myocardial insufficiency due to Chronic myocarditis

DURATION 3 days / 1 month

Due to

Due to

Other conditions Diabetes
(Include pregnancy within 3 months of death)

1 yr.

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

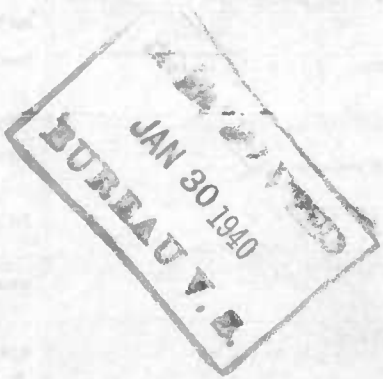
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Edith Benson
M. D. or other

Address 1 W. Overlea Ave. Date signed 1/18/40


JAN 30 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64)

CERTIFICATE OF DEATH

Reg. Dist. No. 43 0255

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Carney (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hillside Ave + Second Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Balt
City or town Carney Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. Hillside + Second Aves (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lee Hamilton Holmes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8th 1939

8. AGE: Years | Months 6 | Days 29 | If less than one day hrs. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Carl Holmer
13. Birthplace New Jersey

MOTHER 14. Maiden name Goldie Johnson
15. Birthplace Baltimore Co. Maryland

16. Informant Carl Holmer
Address Hillside Ave. Carney

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 8th 1940 (month) (day) (year)
Cemetery or crematory Lassahn Burial Grounds
Location 7401 Belair Road

18. Funeral director Frederick Lassahn Sons
Address 7401 Belair Road

19. 1/7 1940 Mrs. S. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1940, at 12:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on Autopsy 9:15 P. 19 1/6/40

Immediate cause of death — DURATION
Status Thymicus - Lymphaticus
Due to Enlarged Thymus
Hemorrhage in Thymus
Due to Pericardium and pleura
Pulmonary edema

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged, hemorrhagic thymus

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. M. Wanda Gryft Ass Med. Exam M. D. or other
Address Central Pabia Bldg, Balt. Date signed 1/6/40

RECEIVED
JAN 13 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0256

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore

City or town: Essex
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Virginia Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Stillborn

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Essex Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Virginia Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Katherine Homberg

3. (b) Social Security Number:

4. Sex: Fe

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Stillborn

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 20, 1940

8. AGE: Years: Stillborn | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Essex, Baltimore, Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business:

FATHER
12. Name: John A. Homberg
13. Birthplace: Baltimore County

MOTHER
14. Maiden name: Florence Dorr
15. Birthplace: Baltimore, Md.

16. Informant: John A. Homberg
Address: Essex, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 20, 1940 (month) (day) (year)

Cemetery or crematory: Yard of home

Location: Virginia Ave., Essex

18. Funeral director: John G. Connelly
Address: Essex

19. Jan. 21 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 20 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Jan 20 1940, and that I last saw h alive on 19

Immediate cause of death: Stillborn

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George H. Sims M.D.
M.D., or other

Address: Essex, Md. Date signed: Jan 20, 1940

RECEIVED
FEB 6 1946
BUREAU V. S.

0257

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (122C)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Timothy J. Hooper

(a) Residence: No. 1 Montrose Ave (Usual place of abode) St. Ward. Catonsville Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Weidenhan

6. DATE OF BIRTH (month, day, and year) Nov. 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. President

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Transport Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Luther E. Hooper

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Maria Wheeler

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Timothy J. Hooper Jr. (Address) 1 Montrose Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cathedral Cem. Date 1/18, 1940

19. UNDERTAKER H. W. Mears and Son (Address) 805 N. Calvert Street

20. FILED 1/16, 1940 H. C. Andrews Registrar. Deputy Lord

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to Jan 15, 1940

I last saw him alive on Jan 15, 1940; death is said to have occurred on the date stated above, at 3:56 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Cause undetermined)	3 days

Other Contributory Causes of importance:

Generalized Arterio Sclerosis	Apr 1939

Name of operation None Date of

What test confirmed diagnosis? Clin. Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James G. Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 18 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

0258

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore

City or town near Baltimore, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town near Baltimore, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.D. Woodlawn, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fannie L. Houck

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband ~~or wife~~ Milton J. Houck

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1865

8. AGE: Years 74 | Months 4 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER: 12. Name Jonas Kreglo

13. Birthplace Maryland.

MOTHER: 14. Maiden name Mary Root

15. Birthplace Maryland.

16. Informant Mr. Harvey Houck.

Address R.D. Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 25, 1940 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick, Md.

18. Funeral director C.M. Waltz

Address Winfield, Md

19. 1-24- 1940 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22, 1940, at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30/40 19__, to Jan 22 1940, and that I last saw her alive on Jan 22 1940.

Immediate cause of death: Broncho-pneumonia — DURATION: 22 days

Due to —

Due to —

Other conditions myocardite - hypertension - arterio-sclerosis ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Walter L. Niblett M.D. or other

Address 2220 Garrison Blvd Date signed

RECEIVED
FEB 3 1949
BUREAU V. S.

0259

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-6

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Arnage Inn No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Susan of all Saints (Susan Nevada James) U. S. Veteran, specify WAR

(a) Residence: No. Arnage Inn St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Female	White	Sister of Charity

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centralia (State or country) Pennsylvania

FATHER

13. NAME William James

14. BIRTHPLACE (city or town) Cornwall (State or country) England

MOTHER

15. MAIDEN NAME Susan Martin

16. BIRTHPLACE (city or town) Lebanon (State or country) Pennsylvania

17. INFORMANT Sister Mother Superior, All Saints Sisters (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place All Saints Convent Date Jan 31, 1940

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) Orchard & the Cuilden Rd

20. FILED 1/30, 1940 H. Clay Anderson Registrar.
M. Grant Logan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 28 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1939, to January 28, 1940

I last saw h er alive on January 28, 1940; death is said to have occurred on the date stated above, at 3 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	10-1-39
Cardiac Hypertrophy	1930
Hypertension	1930
Thyrocardial Insufficiency	1-1-39

Other **Contributory Causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wilson K. Gallagher M. D.

(Address) 6209 Frederick Rd, Catonsville

If other blanks are needed, address Local Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-00)

Reg. Dist. No. 38

0260

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore County

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 432 E. Penna Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 14 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. 432 E. Penna Ave - Towson (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Bertie Louise Johnson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edward Johnson

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 11, 1894

8. AGE: Years 45 Months 9 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Towson, Md (Town, county, and state)

10. Usual occupation House-Wife

11. Industry or business

FATHER

12. Name Thos I. Ballard

13. Birthplace Pocomoke City, Md

MOTHER

14. Maiden Name Rosella Cole

15. Birthplace Cuba - Balto Co, Md

16 (a) Informant Mrs Marguerite Lauder

(b) Address 441 E. Penna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 9 - 40 (month) (day) (year)

(c) Cemetery or crematory Pleasant Rest

Location Towson

18 (a) Funeral director Mrs Geo H. Holland

(b) Address 1631 Sem Hill Ave, Balto

19 (a) Jan 8/40 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death January 7 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Jan 7 1940, and that I last saw him alive on Jan 7, 1940.

Immediate cause of death

Apoplexy

Due to Arterio-sclerosis &

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 3 hours. ____ mth.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Towson - Md Date signed 1/8/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1940
BUREAU V. S.

0261

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): Five months 5 days

Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rock Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Philip J. Johnson

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lena Lacey Johnson

6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): September 2, 1865

8. AGE: Years 74 Months 3 Days 2 If less than one day ___ hrs. ___ min.

9. Birthplace: Benedict, Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Shops

FATHER
12. Name: Wilford Johnson
13. Birthplace: Benedict, Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: unknown

16. Informant: Hospital records

Address

17. Burial (Burial, cremation or removal, which?) Holy Ghost Cemetery Date thereof 1/7/40 (month) (day) (year)

Cemetery or crematory: Waldorf, Md.

Location

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. 1/5/ 1940 (Date rec'd by registrar) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4, 1940, at 7:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29, 1939, to January 4, 1940, and that I last saw him alive on January 4, 1940.

Immediate cause of death	DURATION
Broncho-pneumonia, bilateral	2 days
Due to Chronic myocarditis before	1939
Due to Coronary and Generalized arteriosclerosis "	"
Other conditions Cerebral arteriosclerosis before	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Serge Androp, M.D.

Address: Spring Grove St. Hosp. Date signed: 1/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

T

RECEIVED
FEB 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0262

(93-d)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson, Md. No. Mission Helpers W. Joppa Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sr. Mary Purissima (Mary Ann King)

(a) Residence: No. Mission Helpers -W. Joppa St., Rd. Ward Towson, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, and year) 8/15/1866

7. AGE Years	Months	Days	If LESS than 1 day or min.
73	4	27	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Religious

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Inkerman, Pa.

FATHER

13. NAME Miles King

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McDonough

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records-Mission Helpers (Address) W. Joppa Rd.-Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mission Helpers Cem. Towson, Md. Date 1/15/40, 19

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Harford Ave.

20. FILED Jan 13, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 12th (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1935 to Jan. 12th, 1940

I last saw her alive on Jan. 11th, 1940; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other Contributory Causes of Importance:

Arteriosclerosis

Senility

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert H. Allison M. D.

(Address) 6 Burkleigh Sq. Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

RECEIVED FEB 2 1928 BUREAU OF C.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-L) Reg. Dist. No. 44

CERTIFICATE OF DEATH

0263

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Roseadale (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Fernwood Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Fernwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Emma Jane Kern

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Kern

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 2 1861

8. **AGE:** Years: 76 | Months: 11 | Days: 1 | If less than one day: ____ hr. ____ min.

9. Birthplace: Balto. Co. Md (Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER
12. Name: Wm J. McConnick
13. Birthplace: Balto Co. Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Joseph Kern
(b) Address: Rosedale Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 40 (month) (day) (year)
(c) Cemetery or crematory: Zion Lutheran
Location: Balto. Co. Md

18 (a) Funeral director: F. Fassahn & Son
(b) Address: 740 Belair Rd.

19 (a) Jan 4 40 (Date rec'd by registrar) (b) Harry Wall Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 3 1940, at 5:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 3 1940, and that I last saw him alive on Jan 3 1940.

Immediate cause of death	Duration
Cerebral Apoplexy.	3 days
Due to Arteria-Sclerotic Cardio vascular disease with	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** G. M. Baumgardner (M. D. or other)
Address Rosedale Md Date signed 1/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1940
BUREAU V. S.

0264

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 55-C

County Baltimore Registration Dist. No. 38

Village or City Parkville Md No. 2903 Garnet Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte C. Kirchner If U. S. Veteran, specify WAR ...

(a) Residence: No. 2903 Garnet Rd. St., Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward G Kirchner

6. DATE OF BIRTH (month, day, and year) Feb 25-1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto Md (State or country)

FATHER

13. NAME Andrew Carr

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Mary A. Schoening

16. BIRTHPLACE (city or town) md (State or country)

17. INFORMANT Edward G. Kirchner (Address) 2905 Garnet Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 1-24, 1940

19. UNDERTAKER Leonard J. Rusk (Address) 5305 Harford Rd

20. FILED Jan 24, 1940 A M Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 8, 1936, to Jan 21, 1940

I last saw her alive on Jan 21, 1940; death is said to have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Exhaustion + Toxaemia	
Other Contributory Causes of Importance: Carcinoma of Thyroid with metastasis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Leonard Rusk M. D.

(Address) 4706 Harford Road

1/25/40

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 201 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 2 1940 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0265

52-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville. No. 635 North Bend RD. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ferdinand Klegmaier

(a) Residence: No. 635 North Bend RD. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct, 20, 1879

7. AGE: Years 60 | Months 2 | Days 26 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shipping Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. American Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Robert Klegmaier

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) John Bauer 635 North Bend RD.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan 16, 1940

19. UNDERTAKER (Address) Mr x Mrs N. S. Fink Balto Md

20. FILED 1/15, 1940 H. Andrew Registrar. Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, to Jan. 14, 1940

I last saw him elive on Jan. 14, 1940, death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of right Kidney	2 yrs ago

Other Contributory Causes of importance:

Acute uremia	3 days ago

Name of operation Right nephrectomy Date of 1/10/39

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

MAR 28 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0266

(93-2)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Consortia Kunz

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1848

7. AGE Years 91 Months 3 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Kunz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr. M. Peter Fourier (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date Jan 24, 1940

19. UNDERTAKER Geo M. Frisk Bro (Address) 811 N Lo[illegible] W

20. FILED 1/22/40, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1938, to January, 1940

I last saw her alive on Jan. 17, 1940; death is said to have occurred on the date stated above, at 7.42 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other Contributory Causes of importance:

Myocardial decompensation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 3 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1348)

CERTIFICATE OF DEATH

0267

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Opitz Home

Stay in hospital or inst. (yrs., or mos., or days): 6 mos.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore, Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3612 Rexmere Rd. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Isabel Langley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: Charles King Langley

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 19, 1855

8. AGE:

Years	Months	Days	If less than one day
85	9	4	hrs. min.

9. Birthplace: Kendall Co., Illinois (Town, county, and state)

10. Usual occupation: Housewife (retired)

11. Industry or business: In own home

FATHER — 12. Name: John H. Morgan

FATHER — 13. Birthplace: Illinois

MOTHER — 14. Maiden name: Mary Kimble

MOTHER — 15. Birthplace: Prince Edward's Island, Ill..

16. Informant: Mrs. C. Vandusen

Address: 3612 Rexmere Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 27, 1940 (month) (day) (year)

Cemetery or crematory: Moreland Memorial Park

Location: Baltimore, Md.

18. Funeral director: E. Leroy Stiffler, Inc.

Address: 125 E. North Ave.

19. 1/26 (Date rec'd by Registrar) 1940 [signature] Registrar

Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 25, 1940, at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 11, 1940, to January 25, 1940, and that I last saw her alive on Jan. 25, 1940.

Immediate cause of death	DURATION
Uremia	2 wks. ?
Due to: Chronic interstitial nephritis	10 yrs.?
Due to: Chronic pyelitis	20 yrs.?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

0t operations:

0t autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. L. Wilkinson

A. L. Wilkinson, M. D. M. D. or other

Address: 5713 Bel Air Rd. Date signed: 1-25-40

RECEIVED
FEB 1 1040
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186)

CERTIFICATE OF DEATH

0268

Reg. Diat. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 1 yr 1 mo 23 da

Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Brockyaville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Jane Lawson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Westley Lawson

deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 83			hrs. min.

9. Birthplace HEMPSTEAD, MD
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Patterson

13. Birthplace Md.

MOTHER 14. Maiden name Suzanna Boblitz

15. Birthplace Md.

16. Informant Almshouse Record

Address Texas, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 15 1940 (month) (day) (year)

Cemetery or crematory St. Abrahams

Location Becklysville Md.

18. Funeral director Edward C. Tipton

Address Hampstead Md.

19. Jan 12 1940 (Date rec'd by registrar) Wm J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 1938, to Jan 12 1940, and that I last saw her alive on Jan 11 1940.

	DURATION
Immediate cause of death Broncho Pneumonia	2 wks
Due to Arteris sclerosis	
Due to Senility	
Other conditions Bedridden since 1938 from broken hip — Caused by an	

(Include pregnancy within 3 months of death)

Major findings: Accidental fall, in her home. Cor. S.R.

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer E. Ensor M.D.
M. D. or other

Address Cockeysville Md. Date signed Jan 12/40

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 20 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0269

137-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Glyndon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton Jackson Lee If U. S. Veteran, specify WAR

(a) Residence: No. Glyndon St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Julia Lee

6. DATE OF BIRTH (month, dey, and year) Mar. 11, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year) Aug 1937

11. Total time (yeers) spent in this occupation life

12. BIRTHPLACE (city or town) Cuba (State or country) Balto. Co.

FATHER

13. NAME John W. Lee

14. BIRTHPLACE (city or town) Loudon Co. Va. (State or country)

MOTHER

15. MAIDEN NAME Rebecca F. Parker

16. BIRTHPLACE (city or town) Cheshire Ridge (State or country) Balto. Co. Md.

17. INFORMANT John Jacob Lee (Address) Reisterstown, md.

18. BURIAL, CREMATION, OR REMOVAL Place St Lukes Cem. Date Jan 18, 1940

19. UNDERTAKER J. F. Ebaugh & Sons (Address) Reisterstown Md

20. FILED 1/16/, 1940 J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to Jan. 16, 1940

I last saw him alive on Jan. 15, 1940; death is said to have occurred on the dete stated above, at 1 20 am

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	aug 1937
Post-operative urinary fistula	apr 1938
Other Contributory Causes of importance:	
Pyelitis	?
Cystitis	may 1938

Name of operation Supra pubic Prostatectomy Date of apr 1938

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. F. Ebaugh, M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6270

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 yr., 0 mos., 23 das.

Stay in this community (yrs., or mos., or days): 1 yr., 0 mos., 23 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1218 Greenmount Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Leimbach

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 13, 1873

8. AGE: Years	Months	Days	If less than one day
66	1		hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Proprietor

11. Industry or business: Seafood Business

FATHER — 12. Name: Sebastian Leimbach

13. Birthplace: Germany

MOTHER — 14. Maiden name: Amalia Brandt

15. Birthplace: Germany

16. Informant: Eleanor Pearson

Address: Mt. Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 16, 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore, Maryland

18. Funeral director: Wm. J. Tickner & Sons

Address: North & Penna. Aves., Balto., Md.

19. 1/13/40 (Date rec'd by registrar) 19 J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 13, 1940, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21, 1938, to January 13, 1940, and that I last saw him alive on January 13, 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 yrs.

Due to: Tubercle Bacilli

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. (M. D. or other)

Address: Mt. Wilson, Md. Date signed: 1/13/40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0271

Reg. Dist. No. 37

1. PLACE OF DEATH:
County: Baltimore
City or town: Texas
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Baltimore Co., Almshouse
Stay in hospital or inst. (yrs., or mos., or days): 2 yr 1 mo 9 da
Stay in this community (yrs., or mos., or days): 2 yr 1 mo 9 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimo Co.,
City or town: Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Charles Long

3. (b) Social Security Number: Poss. -404-09-1017

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ida Hagen
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1877

8. AGE: Years	Months	Days	If less than one day
61	11	24	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Time Keeper
11. Industry or business
FATHER 12. Name: Noah Long.
13. Birthplace: Maryland
MOTHER 14. Maiden name: Mary ?
15. Birthplace: Virginia
16. Informant: Almshouse Register
Address: Texas. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 28-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Cumberland Maryland
18. Funeral director: William M. Mareck
Address: 715 Light St Balto.
19. Jan. 26 1940 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 26 1940, at 7 15 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1937, to Jan 26 1940; and that I last saw him alive on Jan 25 1940.

Immediate cause of death	DURATION
Chronic Endocarditis (Valvular)	3 yrs.
Due to Chronic Asthma	3 yrs.
Due to Chronic Nephritis.	3 yrs.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Wilmer C. Ensor M. D.
M. D. or other
Address: Cockeysville Md. Date signed: Jan 26/40

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 15 1946
BUREAU V. S.

RECEIVED
FEB 15 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (940) Reg. Dist. No. 33

CERTIFICATE OF DEATH

0272

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Govans Owings Mills P.O. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Reisterstown Pike
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 m. 3 d.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lock Raven Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosalie May Long

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George F. Long

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 28, 1866

8. AGE: Years 73 Months 7 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Loch Raven, Md. (Town, county, and state)

10. Usual occupation Practical Nurse

11. Industry or business General

FATHER
12. Name Ethelbert Lagg
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Stillinger
15. Birthplace New York

16 (a) Informant Miss Eunice J. Wesley
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1940 (month) (day) (year)
(c) Cemetery or crematory Carroll Chapel Cem.
Location Chestnut Ridge, Md.

18 (a) Funeral director John Adams' Sons
(b) Address Towson, Md.

19 (a) 1/13/40 (Date rec'd by registrar) (b) J. Frank Wilder Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 13, 1940 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1939, to Jan 13 1940, and that I last saw him alive on Jan 5 1940.

Immediate cause of death	Duration
Coronary Thrombosis	24 hrs
Chronic myocarditis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. F. Earnshaw, M.D. (M. D. or other)
Address Reisterstown Date signed 1/13/40

RECEIVED
JAN 21 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

0273

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Balto

City or town Halbrook
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 34 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Wards Chapel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Wards Chapel
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Joseph Herman Luers

3. (b) Social Security Number None

4. Sex Male | 5. Color or race white | 6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ellen Elizabeth Luers

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 15 - 1863

8. AGE: Years 76 | Months 7 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore. Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Farm

FATHER
12. Name Peter B. Luers
13. Birthplace Germany

MOTHER
14. Maiden name Mary Catherine Schultz
15. Birthplace Germany.

16. Informant Ellen Elizabeth Luers
Address Wards Chapel.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/29/40 (month) (day) (year)

Cemetery or crematory Holy Family.

Location Harrisville Md

18. Funeral director Frank H. Newell
Address Pikesville, Md.

19. Jan 28 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 26 1940, at 4-30 pm.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~19~~ to ~~19~~, and that I last saw h ~~alive on~~ ~~19~~

Immediate cause of death Coronary Thrombosis

Due to dropped dead out in

Due to Zoo

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. O. Mpe Lept M Ex
M. D. or other

Address Greenville Md Date signed 1-26-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 4 0274

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Sparrows Point. Md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 611 J. St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 J St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Abner Major.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male | 5. Color or race col. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3. 1940

8. AGE: Years Stillborn | Months | Days | If less than one day hr. min.

9. Birthplace Sparrows Point. Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER
12. Name Solomon Major.
13. Birthplace Halifax Co. Va.

MOTHER
14. Maiden Name Florence Faulkner.
15. Birthplace Person Co. N. C.

16 (a) Informant Solomon Major.
(b) Address as above

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) Jan 3-40 (Date rec'd by registrar) (b) Dawson L. Faris Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 3 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to Jan 3 1940, and that I last saw him alive on 19.

Immediate cause of death	Duration
Stillborn	
Due to Premature birth (6 mo)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis N. Tallin M. D. or other
Address Sparrows Point Md Date signed Jan 3. 1940

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74-a

0275

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Balto.

City or town Fullerton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7 Glade Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto

City or town Fullerton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Brick School House Rd. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna B. Mark

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Married

B (b) Name of husband or wife Chas J. Mark

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 17th 1868

8. AGE: Years	Months	Days	If less than one day
71	8	14	____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Geo. S. Rommel

13. Birthplace Germany

MOTHER 14. Maiden name Roth

15. Birthplace Gumany

16. Informant C. J. Mark

Address Brick School House Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6 40 (month) (day) (year)

Cemetery or crematory Parkwood

Location Balto. City Md

18. Funeral director F. Lapsadn & Son

Address 7401 Belair Road.

19. 1/4 (Date rec'd by registrar) 1940 Mr. G. A. Fuhr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd 1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5th 1939, to Jan 3 1940, and that I last saw h-- alive on Jan 2 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 min.
Due to Arteri-Sclerosis	5 yrs
Due to Hypertension	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edward Benson M. D. or other

Address 1 W. Overlea Ave Date signed 1/4/40

RECEIVED
FEB 2 1940
BUREAU V. S.

0276

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-a

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 208 Joppa Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Titus L. Mason

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: E. Augusta Mason

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 10 - 1848

8. AGE: Years 91 | Months 5 | Days 24 | If less than one day hrs. min.

8. Birthplace: Monrovia Md
(Town, county, and state)

10. Usual occupation: Train Dispatcher

11. Industry or business: Ry

FATHER
12. Name: Benj Mason
13. Birthplace: Md

MOTHER
14. Maiden name: Dont Know
15. Birthplace: Md

16. Informant: Mr T. Lyle Mason

Address: 208 Joppa Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 8 - 40 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville

18. Funeral director: John Ullrich

Address: 2008 Orleans St

19. Jan 7 1940 (Date rec'd by registrar) W. Gerrell Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4th 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4th 1940, to 19 , and that I last saw him alive on Jan. 4th 1940.

Immediate cause of death: Shock following fractured femur

Due to: Pt. fall & fractured left hip 1-4-40

Due to: Accidental fall; in his (son's) home. Slipped and fell, cwk R.

Other conditions: Senility, Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION: 16 hrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accidental Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Robert H. Allison M. D. or other

Address: 4 Burkleigh Sq. Towson, Md. Date signed 1-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

Mr Van Horn

RECEIVED
FEB 2 1940
BUREAU V. S.

0277

STATE OF MARYLAND—CERTIFICATE OF DEATH

30

1. PLACE OF DEATH (83-a)

County Baltimore — Registration Dist. No. Opitz Private Home for Aged & Invalids

Village or City Catonsville — No. Edmondson Ave & Nunnery Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Virginia Caroline Maurer — If U. S. Veteran, specify WAR ____

(a) Residence: No. ~~Opitz Private Home for Aged and Invalids~~ St., Ward, Baltimore, Md.

(Usual place of abode) 1025 Bennett Pl. — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 28, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	88	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John H. Maurer

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Caspari

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. M. G. Lloyd (Address) 100 Taylor Ave., Chevy Chase, Md

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Place Cremation Date Jan. 23, 1940

19. UNDERTAKER [signature] (Address) 1003 W. Baltimore St.

20. FILED 1/23, 1940 [signature] Registrar. Deputy Coral

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 22 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 10 1939, to Jan 22, 1940

I last saw her alive on Jan 22, 1940; death is said to have occurred on the date stated above, at 10 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 days

Other Contributory Causes of Importance:

Generalized Cerebral Arteriosclerosis	5 yrs

Name of operation None Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) [signature] M. D.

(Address) 715 Frederick Ave., Catonsville

If more details are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0278

STATE OF MARYLAND—CERTIFICATE OF DEATH

92-d

1. PLACE OF DEATH

County Baltimore Co. Registration Dist. No. 42

Village or City ~~Arbutus~~ Oakley No. 1008 Leeds St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Mayer. If U. S. Veteran, specify WAR

(a) Residence: No. 1008 Leeds Av. Oakley St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Mayer

6. DATE OF BIRTH (month, day, and year) Jan. 3, 1857

7. AGE 83 Years | Months | 7 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Policeman (Retired)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 27 Yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

FATHER

13. NAME Wm. Henry Mayer

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Katherine E Mayer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Charlotte Mayer. (Wife) (Address) 1008 Leeds Av. Arbutus B.Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan. 13, 1940

19. UNDERTAKER John R Kenny (Address) 1242 Leeds Ter. Arbutus.

20. FILED Jany 12, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jany (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1939, to Jany 10, 1940

I last saw him alive on Jany 10, 1940; death is said to have occurred on the date stated above, at 3 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	Years

Other Contributory Causes of Importance:

Arteriosclerosis	Yrs
apoplexy	Chrs

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo W Kieffer M. D.

(Address) 2470 Nash Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

M

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

CERTIFICATE OF DEATH

0279

Reg. Diat. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS AT5

1. PLACE OF DEATH:

County: Balto.

City or town: Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: I06 Clarendon

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: I06 Clarendon
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emma Colton Medinger

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: George F. Medinger

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 30, I868

8. AGE:

Years	Months	Days	If less than one day
7I		7	hrs. min.

9. Birthplace: Balto. City
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER

12. Name: George Ashcom

13. Birthplace: Balto. City

MOTHER

14. Maiden name: Mary Ruth Colton

15. Birthplace: Balto. City

16. Informant: Marion Medinger

Address: I06 Clarendon Ave. Pikesville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 9, I940 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Balto. Co.

18. Funeral director: J. F. Eline & Sons

Address: Reisterstown, Md.

19. 1-8 (Date rec'd by registrar) 1940 E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 6 19 40, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 34, to Jan 6 19 40, and that I last saw her alive on Jan 6 19 40.

Immediate cause of death	DURATION
Myocarditis - chronic	2 yrs
Due to Decompensation	8 yrs
Due to Diabetes	8 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James F. Sadtler M. D. or other

Address: Reisterstown Md. Date signed: 1/9/40

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

0289

Reg. Dist. No. 17

1. PLACE OF DEATH:
County Baltimore
City or town Sparks
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 Years 6 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Sparks Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Robert Handley Merkle

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1923

8. AGE: Years	Months	Days	If less than one day
16	10	23	hrs. min.

9. Birthplace Reisterstown, Balto. Co., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Walter E. Merkle

FATHER 13. Birthplace Balto. Co., Md.

MOTHER 14. Maiden name Rebecca R. Zahn

MOTHER 15. Birthplace Carroll Co., Md.

16. Informant Mr. W. E. Merkle
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 22, 1940 (month) (day) (year)

Cemetery or crematory Dessops

Location Sparks, Md.

18. Funeral director Landon M. Brooks

Address Sparks, Md.

19. Jan. 20 1940 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 20 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JANUARY 18 1940, to JANUARY 21 1940, and that I last saw him alive on JANUARY 20 1940.

Immediate cause of death	DURATION
NEPHRITIS	5 YEARS
Due to	
Due to	
Other conditions PERTHES DISEASE	6 YEARS

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

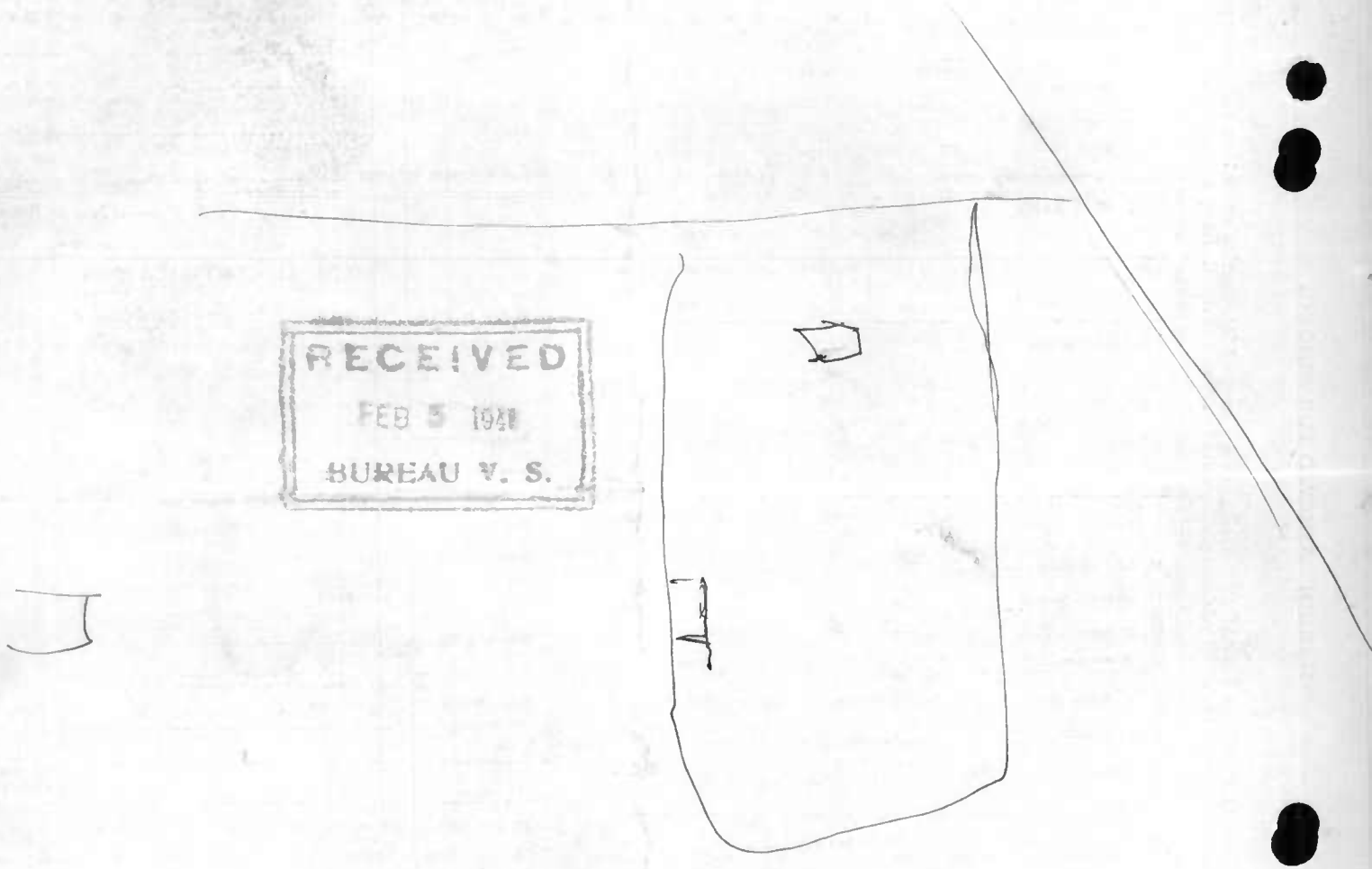
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George Schaulet, M.D. M. D. or other
Address Catonsville, Md. Date signed 1/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



RECEIVED
FEB 5 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0281

Reg. Diat. No. 42

1. PLACE OF DEATH:
County Baltimore
City or town Halethorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Hale thorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 270 Winans Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John E Michael

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Estella Michael
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 - 1862

8. AGE: Years	Months	Days	If less than one day
77	8	13	hrs. min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation Retire Train Baggagemaster of B.O.
11. Industry or business

FATHER
12. Name Thomas A Michael
13. Birthplace Md

MOTHER
14. Maiden name Willie Ann Stull
15. Birthplace Md

16. Informant Mr Walter M Michael
Address 3416 Elmley Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 31 1940 (month) (day) (year)
Cemetery or crematory Loudon Park
Location 3800 Fredrick Ave
18. Funeral director William M Marech
Address 715 Light St
19. Jan 30 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 4:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan 28 1940, and that I last saw h- alive on Jan 28 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	
Chronic Myocarditis	6 Yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. B. Larson M.D.
M. D. or other
Address Halethorpe Md Date signed 1/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

0282

Reg. Dist. No. 35

1. PLACE OF DEATH:

County: Baltimore

City or town: Monkton P.O. (Hereford)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Monkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: William T. Miles

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: May Elizabeth Cole

6(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): May 8, 1858

8. AGE: Years: 81 Months: 8 Days: 15 If less than one day: hrs. min.

9. Birthplace: Sparks, Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER
12. Name: Nelson Miles
13. Birthplace: Balto. Co., Md

MOTHER
14. Maiden name: Cecelia Mayes
15. Birthplace: Balto. Co., Md.

16. Informant: Mrs. Wm. T. Miles
Address: Monkton, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 25, 1940 (month) (day) (year)

Cemetery or crematory: Black Rock

Location: Butler, Md.

18. Funeral director: Landon M. Brooks
Address: Sparks, Md.

19. Jan 24 1940 (Date rec'd by registrar) M. Bostwick M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 23 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1939, to Jan. 23 1940, and that I last saw him alive on Jan. 23 1940.

Immediate cause of death: Chronic myocarditis

Due to:

Due to:

Other conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. M. France M. D. ~~or other~~
Address: Parkton, Md Date signed: 1/24/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0283

CERTIFICATE OF DEATH

Reg. Dist. No. 3 Y

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town White Hall Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Frances Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Robert M. Miller
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 3 1878

8. AGE: Years	Months	Days	If less than one day
61	7	26	hrs. min.

9. Birthplace Parkton Balto Co Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Ephraim W Dawson
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Robt M. Miller
Address White Hall Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 1. 1940 (month) (day) (year)
Cemetery or crematory Stablers
Location Parkton Md
18. Funeral director P. Markham Sons
Address White Hall Md
19. Jan. 30 1940 (Date rec'd by registrar) Milner Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1940, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1935, to Jan. 29 1940, and that I last saw her alive on Jan. 29 1940.

Immediate cause of death	DURATION
Coronary occlusion	15 min.
Due to Chronic myocarditis	
Due to	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. M. France M. D. or other
Address Parkton, Md. Date signed 1/30/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-2)

0284

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
County Baltimore
City or town Stewartstown Pa
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Stewartstown Pa Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John L. F. Miller

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 76 | Months – | Days – | If less than one day hrs. min.

9. Birthplace Bactoria Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Miller
13. Birthplace Stewartstown Pa
MOTHER 14. Maiden name Cecil M. Thompson
15. Birthplace Pylesville Md
16. Informant Mrs James Wright
Address Stewartstown Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22-40 (month) (day) (year)
Cemetery or crematory West Liberty
Location White Hall R.F.D.
18. Funeral director P. Marklin Son
Address White Hall Md
19. Jan 22nd 1940 (Date rec'd by registrar) Milner Bortner MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20th 1940, at 2:30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15th 1940, to Jan 20 1940, and that I last saw him alive on Jan 17th 1940.
Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to Chronic Nephritis
Other conditions Edema of whole body
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Evans M Free MD
M. D. or other
Address Stewartstown Pa Date signed Jan 20 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
FEB 6 1940
BUREAU V. S.

0285

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 46-E

County Baltimore Registration Dist. No. 25

Village or City Anneslie No. 505 Murdock Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 26 ds. How long in U.S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Alice Hopkins Moore

(a) Residence: No. 505 Murdock Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year) February 13, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ---
(State or country) Maryland

FATHER

13. NAME Nathaniel Moore

14. BIRTHPLACE (city or town) ---
(State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Ann Hopkins

16. BIRTHPLACE (city or town) ---
(State or country) Maryland

17. INFORMANT Mrs. James P. Warner
(Address) 505 Murdock Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 1/11, 1940

19. UNDERTAKER H. R. Myers and Son
(Address) 805 N. Calvert Street

20. FILED Jan 11, 1940 Lafayette A. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Jan 9, 1940

I last saw h-er alive on 1/9, 1940; death is said to have occurred on the date stated above, at 12 Noon

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma at large intestine with	1938
Mediastinal metastasis	

Other **Contributory Causes** of importance:

Name of operation Exploratory Date of Oct. 1939

What test confirmed diagnosis? Section of mass. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Reese M. D.

(Address) 670 York Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town 362 Main St. Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) About 3 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town 362 Main St. Reist. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leila May Morningstar

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Harry C. Morningstar

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Aug. 17, 1874

8. AGE: Years 65 Months 4 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace: Frederick County
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business:

FATHER
12. Name: John Henry Garber.
13. Birthplace: Frederick, Co.

MOTHER
14. Maiden name: Maria Hostler
15. Birthplace: Dont Know.

16. Informant: Mrs. William B. Lippy
Address: 362 Main St. Reisterstown

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Jan. 17, 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Meadow Branch.

Location: Westminster, Outside

18. Funeral director: Wm. Berryman & Sons

Address: Reisterstown, Md.

19. Jan. 16 1940 (Date rec'd by registrar) J. Frank Mill MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15 1940, at 3 am

I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1st 1939, to Jan. 15th 1940, and that I last saw her alive on Jan. 15th 1940.

Immediate cause of death: Acute Dil. of Heart

Chronic Valvular Heart

Due to

Due to Asthma

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 day, Several yr.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Frank Mill MD M. D. or other

Address: Reisterstown Md. Date signed Jan 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

0287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Riderwood ~~(Rural)~~ (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Joppa Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 37 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Riderwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Joppa Rd. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Sarah Johanna Morris

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: McKendree A. Morris

6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Apr. — 1859

8. AGE: Years: 82 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at Home

FATHER
12. Name: William Ruhl
13. Birthplace: Penna.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Clarence A. Morris

Address: Riderwood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 23, 1940 (month) (day) (year)

Cemetery or crematory: Md. Lion, Freeland Cem.

Location: Freeland, Md.

18. Funeral director: John Burns' Sons

Address: Towson, Md.

19. Jan. 22 (Date rec'd by registrar) 19 Geo. W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 19, 1940, at 8:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9th 19 , to Jan 19th 1940, and that I last saw her alive on Jan 16th 1940.

Immediate cause of death: Myocardial Insufficiency — DURATION: 10 days

Due to: General Arteriosclerosis

Due to: Senility

Other conditions: Senile dementia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel of St. Thos. Jenifer M. D. or other

Address: Towson, Md. Date signed: 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

BUREAU V.S.
JAN 26 1940

1940
82
1858

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0288

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore
City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring rove, State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 month, 19 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Mary and County: Prince George's
City or town: Colmar Manor Ward No.: (If outside city or town limits, write RURAL NEAR and give town)
Street No.: 102 Lenox Ave (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph Le Roy Morrissey (Leo)

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): October 1, 1878
8. AGE: Years: 61 Months: 3 Days: 13 If less than one day: hrs. min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Watchman
11. Industry or business: store
FATHER
12. Name: James Morrisey
13. Birthplace: Ireland
MOTHER
14. Maiden name: Elisabeth Keenan
15. Birthplace: Ireland
16. Informant: Hospital records
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/16/40 (month) (day) (year)
Cemetery or crematory: Wash. D.C. Richmond
Location: " "
18. Funeral director: Timothy Hanlon
Address: 641 H St. N.E.
19. 1/14 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Lyon

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 13, 1940 19 , at 8,30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 24 1939, to January 13, 1940, and that I last saw him alive on January 13, 1940.

	DURATION
Immediate cause of death: Bronchopneumonia Bilateral	24 hrs
Due to: Chronic myocarditis	before 1939
Due to: Generalized Arteriosclerosis	before 1939
Other conditions: Gonorrheal urethritis	before Nov. 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

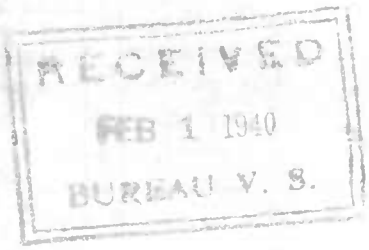
23. SIGNATURE: Serge Androp (M. D. or other)
Address: Catonsville, Md Date signed: Jan. 14, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CHANGE OF NAME: Letter filed 2-8-40 under
DR. WELTMER, Supt. Spring Grove Hosp.



(43)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

0289

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore

City or town: Essex
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Island Pt. Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Island Pt. Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph Mossburger

3. (b) Social Security Number: 705-05-5564

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Genevia Wleigert

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March -19- 1872

8. AGE:

Years	Months	Days	If less than one day
67	10	3	____ hrs. ____ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Labor (Retired)

11. Industry or business: B & O. R. R.

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Charles Mossburger
Address: Essex, Md.

17. Burial
(Burial, cremation, or removal? Which?)
Date thereof: 1-25-40 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cem.

Location: German Hill Rd.

18. Funeral director: John G. Connelly
Address: Essex, Md.

19. 1-25 1940
(Date rec'd by registrar)
John G. Connelly
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 22nd. 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Jan 22 1940 and that I last saw him alive on Jan 20 1940.

Immediate cause of death: Chronic Cardiovascular Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Grade I

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Horace B. Titlow, M.D.
M. D. or other

Address: 315 S. Highland Ave. Date signed: 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) I

RECEIVED
FEB 6 1940
BUREAU V. S.

0290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH

County Balto. Co.

City or town Fork Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Fork Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Della R. Mumma

3. (b) Social Security Number

4. Sex F.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Arch Mumma (Deceased)

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1883

8. AGE: Years 57 Months 4 Days 18 If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Elija Wisnom

13. Birthplace Md.

MOTHER 14. Maiden name Tempance R. Clayton

15. Birthplace Md.

16. Informant Elmer Mumma

Address Hyde Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22-1940 (month) (day) (year)

Cemetery or crematory Parkwood

Location Parkville Md.

18. Funeral director Clarence E. Arthur

Address Fork Md.

19. 1-21-40 (Date rec'd by registrar) 19 W. R. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1940, at 3 25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13, 1938, to Jan 19 1940, and that I last saw her alive on Jan 19 1940.

Immediate cause of death Carcinoma of posterior abdominal wall — DURATION 7 mos.

Due to The carcinomatous mass was attached to the posterior abdominal wall. O.W.G.R.

Due to The primary site could not be determined. Duration seven months.

Other conditions Hysterectomy for Fibroids 1937 Cholecystectomy 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M. D. or other

Address Fork, Md. Date signed 1/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0291

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH;

County Baltimore

City or town Grays

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Grays Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl Murphy

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Grays Md. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name Michael Murphy

13. Birthplace Md

MOTHER

14. Maiden name Helen Sigwart

15. Birthplace Md.

16. Informant Michael Murphy

Address Elliott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 (month) 1 (day) 1940 (year)

Cemetery or ~~crematory~~ St Johns

Location Elliott City

18. Funeral director F.C. Higinbotham Jr

Address Elliott City Md.

19. 1/31 (Date rec'd by registrar) 1940 R H Lindsay Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 4P 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1940, to Jan 31 1940, and that I last saw h ~~alive on~~ Jan 31 1940.

Immediate cause of death Still Birth

Due to Breech Birth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ira F. O. Miller M. D. or other

Address Elliott City Md Date signed 1-31-40

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-C)

CERTIFICATE OF DEATH

0292

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Randallstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4806 Haddon Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gerhard Nordenholz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Leonora

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25 1855

8. AGE:

Years	Months	Days	If less than one day
84	8	22	hrs. min.

9. Birthplace Bremen Germany
(Town, county, and state)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. Frank H. Cox

Address 3525 Wabash Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 20 1940 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Md

18. Funeral director William J. Tickner & Sons

Address North & Pennsylvania Aves

19. Jan 17 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1940, at 5P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14th 1940, to Jan. 16 1940, and that I last saw him alive on Jan 16th 1940.

Immediate cause of death	OURATION
Cerebral Thrombosis	3 days
Due to Art. Sclerosis	15 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James L. Miller M.D. M. D. or other
Address Pikesville, Md. Date signed 1/17/40

Dr. Miller
Pikesville
9-10
6-8

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-22)

Reg. Dist. No. 41

0293

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 7019 Dunbar Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs

(e) Length of stay in this community (yrs., mos., or days) 6 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Dundalk, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 7019 Dunbar Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Frank O'Donnell

3 (b) If veteran, name war No

3 (c) Social Security No. No

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Mary O'Donnell

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1868

8. AGE: Years 71 Months 7 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Ireland

MOTHER

14. Maiden Name Unknown

15. Birthplace Ireland

16 (a) Informant Mrs. Francis Dolan

(b) Address 7019 Dunbar Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 - 1940 (month) (day) (year)

(c) Cemetery or crematory St Johns - Johnstown Pa

Location Johnstown Pa

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St Baltimore Md.

19 (a) 1/31/40 (Date rec'd by registrar) (b) Milton M. Nicholson Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 31 1940, at 3 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death Cerebral Hemorrhage — Duration June 1939

Due to Generalized Arteriosclerosis — Many years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J Howard Burns M. D. M. D. or other

Address 59 Dundalk Ave Date signed Jan 31, 1940

W. M. Carmine, Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3)

Reg. Dist. No. 44

0294

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Sparrows Pt.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Lodge Forrest Drive.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Sparrows Pt. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lodge Forrest Drive.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Infant. Owens.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 30. 1940

8. **AGE:** Years | Months | Days | If less than one day : hr. min.
stillborn

9. Birthplace Sparrows Pt. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Robert D. Owens.
13. Birthplace Joppa. Md.

MOTHER
14. Maiden Name Elizabeth Gaydos.
15. Birthplace Baltimore Co.

16 (a) Informant Robt. D. Owens.
(b) Address as above.

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof ——— (month) (day) (year)
(c) Cemetery or crematory ———
Location ———

18 (a) Funeral director ———
(b) Address ———

19 (a) FEB 1 40 (Date rec'd by registrar) (b) Dawson L. Harbin Reg. Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 30 1940, at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from —— 19—, to Jan 30 1940.
and that I last saw him alive on dead Jan 30 1940.

Immediate cause of death	Duration
Stillborn.	
Due to premature birth 3 months.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? ——— (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ——— (Specify type of place) While at work? ———
(e) Means of injury ———

23. Signature Louis N. Tollin M.D. M. D. or other
Address Sparrows Pt. Date signed 2/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

-CEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1370)

CERTIFICATE OF DEATH

0295

Reg. Dist. No. 30

1. PLACE OF DEATH:

County BALTIMORE

City or town CATONSVILLE
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: BOMY VIEW

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 YEARS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County BALTIMORE

City or town HALETHORPE Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 323 SELMA AVENUE
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME EFFIE M. POWELL

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife WELLINGTON L. POWELL

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1878

8. AGE: 61 Years | Months 3 | Days 7 | If less than one day hrs. min.

9. Birthplace ANNE ARUNDEL MARYLAND
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WESLEY DISNEY
13. Birthplace ANNE ARUNDEL Co. MD.

MOTHER
14. Maiden name MARGRET S. WARFIELD
15. Birthplace ANNE ARUNDEL Co. MD.

16. Informant MRS. LOTT W. DISNEY
Address 323 SELMA AVE.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 1/8/40 (month) (day) (year)

Cemetery or crematory BETHEL CEMETERY

Location A.A. Co. MD

18. Funeral director C. RAYMOND KAUFMAN

Address 927 LEEDS AVE.

19. 1/7 (Date rec'd by registrar) 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6th 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 1939, to Jan 6 1940, and that I last saw h alive on January 4 1940

Immediate cause of death	DURATION
Cardio vascular Renal disease - & hypertension	5 Yrs
Due to ?	
Due to ?	
Other conditions Neoplasm of decomposition	2 days

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE Frederick V. Beetler M. D. or other

Address Relay Md Date signed Jan 6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0296

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. 100 W. Susquehanna Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Stevens Gambrill Rawlings

(a) Residence: No. 100 W. Susquehanna Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nellie Duncan Rawlings

6. DATE OF BIRTH (month, day, and year) March 4, 1852

7. AGE	Years	Months	Days	If LESS then 1 day, ___ hrs. or ___ min.
	87	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Rawlings

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary C. Woodward

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Nellie D. Rawlings (Address) 100 W. Susquehanna Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Jessops Cemetery Date Jan 6, 1940

19. UNDERTAKER Henry W. Mears and Son (Address) 800 N. Calvert St.

20. FILED Jan 5 1940 [illegible] Deputy Sec'y Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1939, to Jan 4, 1940

I last saw him alive on Jan 3, 1940; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Bronchial Pneumonia — Date of onset ~~Jan 3~~ Dec 23/39

Other Contributory Causes of Importance: Age

Name of operation None Date of ___

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) E. H. Duncan M. D.

(Address) 5106 York Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 3 1928 BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

0297

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Balto
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 310 Frederick ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 310 Frederick ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William J Reid

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: unknown
6 (b) Name of husband or wife: unknown
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): not known

8. AGE: Years: 76 Months: — Days: — If less than one day ____ hrs. ____ min.

9. Birthplace: dont know (Town, county, and state)
10. Usual occupation: dont know
11. Industry or business:
FATHER
12. Name: dont know
13. Birthplace: dont know
MOTHER
14. Maiden name: dont know
15. Birthplace: dont know
16. Informant: Mervyn Small
Address: 310 Frederick ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-24-40 (month) (day) (year)
Cemetery or crematory: Alms House
Location: Texas Md
18. Funeral director: Edw S Mac Nabb
Address: Catonsville Md.
19. 1/24 1940 (Date rec'd by registrar) H L Sudman Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 23 1940, at about 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ elive on ____ 19__.
Immediate cause of death: apoplexy
Due to: Cardio vascular
Due to: renal disease
Other conditions: sudden death, inquiry
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo. M. Kieffer Deputy Med Exam of Balto M. D. or other
Address: 1010 Leeds ave Date signed: Jny 23 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 1 1940
BUREAU V. S.

0298

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs., 8 mos., 12 days

Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Glen & Park Hylt Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carolina V. Richardson

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 77 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Factory

FATHER
12. Name William Richardson
13. Birthplace unknown

MOTHER
14. Maiden name Isabella
15. Birthplace unknown

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-18-40 (month) (day) (year)

Cemetery or crematory Western Cemetery

Location Edmondson ave.

18. Funeral director John O. Mitchell

Address 1900 Eutaw Place

19. 1/16 1940 (Date rec'd by registrar) H. Andreae Registrar
Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1940, 12:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17, 1936, to January 10, 1940, and that I last saw her alive on January 10, 1940.

Immediate cause of death	DURATION
Hypertensive heart disease before	1934
Due to Generalized arteriosclerosis before	1934
Due to Pernicious anemia "	"
Other conditions Schizophrenia, paranoid form before	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp
Serge Androp, M.D. M. D. or other

Address Spring Grove St. Hosp. Date signed 1/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0299

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 32

Village or City Pikesville No. Mt. Wilson Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Louise Gibbons Rogers

(a) Residence: No. Mt. Wilson Road - Pikesville, Md. Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~(or) WIFE of~~ wife Kennedy Grogan Rogers

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1875

7. AGE Years	Months	Days	If LESS then 1 day, ... hrs. or ..... min.
64	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco - Calif (State or country)

FATHER

13. NAME Dr. Henry Gibbons Jr

14. BIRTHPLACE (city or town) Wilmington (State or country) Delaware

MOTHER

15. MAIDEN NAME Marie C. Raymond

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Catherine R. Rogers (Address) 4328 Roland Court

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date Jan. 8th, 1940

GARRISON FOREST

19. UNDERTAKER H. W. JENKINS SONS & Co (Address) ORCHARD & McCULLOH St

20. FILED 1/8, 1940 Wm. E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from for about 2 to Months, 1939-40

I last saw her alive on Jany 6th about, 1940; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Occlusion

Cardio-vascular disease

Date of onset

Other Contributory Causes of importance: Doubtful

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Pikesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED FEB 3 1940 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. DeHoff
2020 Charles St.
OH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0300

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore Co

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Carter's Nursing Home

Stay in hospital or inst. (yrs., or mos., or days): 10 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balt

City or town: Dundalk Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2907 Dunbrin Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Rogers

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mary Rogers

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 12 - 1836

8. AGE:

Years	Months	Days	If less than one day
103	6	92	____ hrs. ____ min.

9. Birthplace: Baltimore Co
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER
12. Name: William S Rogers
13. Birthplace: Md

MOTHER
14. Maiden name: Sarah Stansbury
15. Birthplace: Md

16. Informant: Mrs Anna Rogers Shelley
Address: 4801 Crowson Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 27/1940 (month) (day) (year)

Cemetery or crematory: Oak Lawn Cemetery

Location: Baltimore

18. Funeral director: John Ullrich
Address: 2008 Orleans St

19. 1-26- 1940 (Date rec'd by registrar) H L Hudson Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 25 1940, at 7.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan 25 1940; and that I last saw him alive on Jan 25 1940.

Immediate cause of death: Acute Cardiac Failure. — DURATION: 1 da.

Due to: Senility. — 25 yr.

Due to: Marked arteriosclerosis. C.W.G.R.

Other conditions: Physician saw this patient for the first times
(Include pregnancy within 3 months of death)

Major findings:
Of operations: His death, in spite of his age, was quite sudden and unexpected.
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Wilmer K. Gallager M.D. M. D. or other

Address: Catonsville Md. Date signed 1-25-40

RECEIVED
FEB 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0301

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Andronica Rommel

(a) Residence: No. Villa Maria, Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 22, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester (State or country) New York

FATHER

13. NAME Christopher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Helbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr. M. Peter Fourier (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date Jan 18, 1940

19. UNDERTAKER Geo M. Frank & Son (Address) 811 N. Wolfe St.

20. FILED 1-16, 1940 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to January, 1940

I last saw her alive on January 14, 1940; death is said to have occurred on the date stated above, at 6.45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 3 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (77) Reg. Dist. No. 44

CERTIFICATE OF DEATH

0302

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Hughes Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hughes Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 – years

3 (a) **FULL NAME** Maggie Lowe.

3 (b) If veteran, name war —
(c) Social Security No. none.

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 1878

8. AGE: Years 61 | Months | Days | If less than one day day hr. min.

9. Birthplace Ireland.
(Town, county, and state)

10. Usual occupation Housework –

11. Industry or business Home –

FATHER
12. Name Unknown.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Ireland.

16 (a) Informant Jos. Hughes.
(b) Address Address as above –

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location Putman Hill Rd.

18 (a) Funeral director John B. Connelly
(b) Address Essex, Md.

19 (a) 1-26-40 (Date rec'd by registrar) (b) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 24 1940, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1924, to Jan 24 1940.
and that I last saw him alive on Jan 23 1940.

Immediate cause of death	Duration
Myocardial failure	sudden
Due to Senility	Home attended above past 2 yrs.
Due to Arteriosclerosis –	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Louis H. Tollin M.D.
M. D. or other
Address Sparrows Pt. Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-7)

0303

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Opitz Home Edmondson & Nunnery

Stay in hospital or inst. (yrs., or mos., or days): 6 mos

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: 103 S Addison County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 103 S Addison (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Katherine B Rupp

3. (b) Social Security Number:

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: ~~Jacob~~ Jacob Rupp

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 9 1860

8. AGE: Years: 79 Months: 3 Days: 6 If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: at home

11. Industry or business:

FATHER
12. Name: ~~Neun~~ Neun
13. Birthplace: Ger

MOTHER
14. Maiden name: ~~Dont~~ Catherine Dietzel ~~Knoun~~
15. Birthplace: Germany

16. Informant: Otto Rupp

Address: 1634 E 30th St

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 18/40 (month) (day) (year)

Cemetery or crematory: London Park Cem

Location: Frederick Ave Balto

18. Funeral director: John Ullrich

Address: 2008 Orleans St

19. 1/17 1940 (Date rec'd by registrar) H L Lindner Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan ~~19~~ 15th 1940, at 1,30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1939, to Jan 15 1940, and that I last saw her alive on Jan 14 1940.

Immediate cause of death: Causes of the liver

DURATION: years

Due to:

Due to:

Other conditions: Nephritis & Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Ed. L. Immerman M. D. or other

Address: 9858 Harford Rd Date signed: 1/15/40

Authorization to change items in red, letter filed in Permanent File under Dr. Geo. L. Zimmerman 1/29/40. CC.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72-a) Reg. Dist. No. 44

0304

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Sparrows Point, Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Schlimme Ave or School House Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)

(d) Street No. Schlimme Ave or School House Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME FRANCIS ROBERT RUTH

3 (b) If veteran, name war None

3 (c) Social Security No. 215-03-4427

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine Ruth

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb 11. 1874

8. AGE: Years 66 Months 10 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Lancaster Co. Pa. (Town, county, and state)

10. Usual occupation Bricklayer

11. Industry or business Building trade

FATHER 12. Name Francis Robert Ruth

13. Birthplace Pa

MOTHER 14. Maiden Name Georgeanna Williams

15. Birthplace Pa

16 (a) Informant Mrs Catherine Ruth / wife

(b) Address Schlimme Ave. Sp. Pt. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location O'Donnell St

18 (a) Funeral director William M Moreck

(b) Address 716 Light St

19 (a) Jan 3 40 (Date rec'd by registrar) (b) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 2 1940 at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1939, to Jan 2 1940 and that I last saw him alive on Jan 2 1940.

Immediate cause of death myocardial failure — Duration 4 hours

Due to Epistaxis — 1 week

Due to Purpura Hemorrhagica — 1 week

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Pollin M.D. (M. D. or other)

Address Sparrows Point Md. Date signed Jan 2. 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0305

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: Balto

County

City or town Fullerton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Necker Ave Fullerton

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Fullerton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Necker Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Joseph Sachs

3. (b) Social Security Number 215-05-1293

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary Elizabeth Sachs

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 28th 1897

8. AGE: Years 42 Months 11 Days 4 If less than one day ____ hrs. ____ min.

9. Birthplace Balto City Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business House building

FATHER
12. Name John H. Sachs
13. Birthplace Balto City Md.

MOTHER
14. Maiden name Catherine Gernhart
15. Birthplace Balto Md.

16. Informant Mary E Sachs

Address Necker Ave Fullerton

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 4 1940 (month) (day) (year)

Cemetery or crematory Parkwood

Location Balto City Md.

18. Funeral director F. Lassahn & Son

Address 7401 Belair Rd.

19. 1/2 1940 (Date rec'd by registrar) Mrs G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 1 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~, and that I last saw h ~~alive on~~ ~~19~~

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O'Nyse Dept M. Ex. M. D. or other

Address Pikesville Md Date signed 1-1-1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 8 1940
BUREAU V. S.

S? L? filed as S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-8)

0306

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Balto

City or town Fullerton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 103 Fuller ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 103 Fuller ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph L. Langer

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Barbara

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) May 17 1864

8. AGE: Years 75 Months 8 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual occupation Ret

11. Industry or business

FATHER
12. Name Andrew Langer
13. Birthplace Germany

MOTHER
14. Maiden name Margaret Miller
15. Birthplace Germany

16. Informant Barbara Nicklis

Address 103 Fuller ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 30 40 (month) (day) (year)

Cemetery or crematory Stal Redeemer

Location Belair Rd.

18. Funeral director Martin W. E. Dippel

Address 7110 Belair Rd.

19. 1/29 1940 (Date rec'd by registrar) Mrs. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940, at 2.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1940, to Jan. 27 1940, and that I last saw him alive on Jan 26 1940.

Immediate cause of death Acute pulmonary edema — DURATION Immediate

Due to Chronic myocarditis — 20 years
Arteriosclerosis — " "

Due to

Other conditions Chronic nephritis — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ferd. E. Kadau M.D.
M. D. or other

Address 4200 Sheldon ave Date signed 1/27/40.

JAN 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-a)

CERTIFICATE OF DEATH

0307

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto.

City or town: Reisterstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Butler

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): I week

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Near Butler Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Peter Sarvino

3. (b) Social Security Number: 217-03-0886

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Mildred Sarvino

6(c) If alive, give age: I6 years

7. Birth date of deceased (mo., day, yr.): June 29, I892

8. AGE: Years	Months	Days	If less than one day
47	6	2I	____ hrs. ____ min.

9. Birthplace: Italy (Town, county, and state)

10. Usual occupation: Steam Shovel operator

11. Industry or business: Stone Guarry

FATHER 12. Name: Sarvino

FATHER 13. Birthplace: Italy

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Italy

16. Informant: Mildred Sarvino

Address: Reisterstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22, I940 (month) (day) (year)

Cemetery or crematory: Grace Church Cem.

Location: Baltimore, Co.

18. Funeral director: J.F. Eline & Sons

Address: Reisterstown, Md.

19. Jan. 22 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-19-40 19____, at 7 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-17-40 19____, to 1-19-40 19____, and that I last saw him alive on 1-17-40 19____.

Immediate cause of death: Cerebrospinal Meningitis

Due to: Purulent infection of the meninges (Crypt)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

2 days

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James G. Daffell, M. D. or other

Address: Reisterstown Date signed: 1/19/40

RECEIVED
FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0308

1. PLACE OF DEATH (51-E)

County Baltimore Registration Dist. No. 42

Village or City Halethrope Maryland No. Washington Blvd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William J. Schmelyun If U. S. Veteran, specify WAR ___

(a) Residence: No. Washington Blvd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine M. Schmelyun

6. DATE OF BIRTH (month, day, and year): February 27-1888

7. AGE: Years 51 Months 10 Days 8 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Sand and Gravel Dealer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Sand Banks

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Gustav A. Schmelyun

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina M. Schmelyun

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Katherine M. Schmelyun Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan. 8, 1940

19. UNDERTAKER (Address): George L. Schwab. 2101 Frederick Ave.

20. FILED: Jan 5, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 1939, to Jan 4th, 1940

I last saw him alive on December, 1939; death is said to have occurred on the date stated above, at 7:45 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate gland	1 yrs.
Other Contributory Causes of importance: Myocarditis & decompensation	6 mos.

Name of operation: Prostatectomy Date of ___

What test confirmed diagnosis? Microscopic Slides Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19___

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) Frederic V. Beitler M. D.

(Address) Relay Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

JAN 16 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0309

(50)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Evergista Schuhbauer

(a) Residence: No. Villa Maria Notch Cliff St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 7, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bavaria (State or country) Germany

FATHER

13. NAME Francis X.

14. BIRTHPLACE (city or town) Bavaria (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Pichler

16. BIRTHPLACE (city or town) Bavaria (State or country) Germany

17. INFORMANT Sr. M. Peter Fourier (Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Date Jan 10, 1940

19. UNDERTAKER Geo. M. Fink Son (Address) 811 N. Wolfe St.

20. FILED 1-8-40, 19 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 7 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1939, to Jan. 3, 1940

I last saw her alive on Jan. 3, 1940; death is said to have occurred on the date stated above, at 11.02 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma (Breast)	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 2 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0310

Reg. Dist. No. 30-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 yrs. 2 mos. 16 days.

Stay in this community (yrs., or mos., or days) 3 yrs. 2 mos. 16 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 806 Lakewood Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME

William Becker (Schultz)

3. (b) Social Security Number

Poss. 234-05-9321

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Henriatta (Last name unknown)

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
47			hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Odd jobs

11. Industry or business: Unknown

FATHER
12. Name: John Schultz
13. Birthplace: Germany

MOTHER
14. Maiden name: Martha (Last name unknown)
15. Birthplace: Germany

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 11, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Carmel

Location: ODonnell St.

18. Funeral director: John J. Duda

Address: 2829 Hudson St

19. 1/10 (Date rec'd by registrar) 19 40 Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8, 1940, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 23, 1936, to January 8, 1940, and that I last saw him alive on January 8, 1940.

Immediate cause of death	DURATION
General paralysis of the insane	Before 1936
Due to	
Syphilis	Before 1936
Due to	
Other conditions	
Genital syphilis	Before 1936

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Isadore Tuerk, M.D.
Isadore Tuerk M. D. or other

Address: Spring Grove Hospital Date signed: 1/9/40

RECD
JAN 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

0311
Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 6 mos. 11 das.
Stay in this community (yrs., or mos., or days) 2 yrs. 6 mos. 11 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 163 N. Streeper Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: May B. Scott

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Julius Scott
6(c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.): February 1, 1863

8. AGE: Years	Months	Days	If less than one day
76	11	30	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Edward Bosman
13. Birthplace: Maryland

MOTHER
14. Maiden name: Anna Carew
15. Birthplace: Maryland

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2-1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Baltimore Md.
18. Funeral director: Geo. W. Little
Address 2200 Edmondson av.

19. 1/31 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 30, 1940, at 5:55 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19, 1937, to January 30, 1940, and that I last saw her alive on January 30, 1940.

Immediate cause of death	DURATION
Chronic myocarditis	Before 1937
Due to: General arteriosclerosis	Before 1937
Due to: Chronic parenchymatous nephritis	Before 1937
Other conditions: Senile psychosis	Before 1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other
Address: Spring Grove Hospital Date signed 1/31/40

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94n)

0312

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Hebbville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: Windsor Mill Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Hebbville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Windsor Mill Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: 30 years Service

3. (a) FULL NAME: George W. Shray

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Mabel E. Shray

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 14, 1865

8. AGE: Years: 65 Months: 4 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Hebbville, Md.
(Town, county, and state)

10. Usual occupation: Retired Sergt. U.S. Army

11. Industry or business

FATHER
12. Name: John Shray
13. Birthplace: Md.

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known

16. Informant: Mrs. Mabel E. Shray
Address: Hebbville Md.

17. Burial
(Burial, ~~cremation, or removal~~, Which?)
Date thereof: Feb. 3. 1940 (month) (day) (year)

Cemetery or crematory: Mt. Olive

Location: Roslyn, Md.

18. Funeral director: G. Howard Strong
Address: 715 Light St.

19. Feb 2 1940 J. J. Milton Piel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 1940, at 6.00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-30 1940, to 1-31 1940, and that I last saw him alive on 1-31-40 1940.

Immediate cause of death: Acute coronary thrombosis
Myocardial failure

Due to: Arteriosclerotic cardiovascular disease

Due to: Endocarditis
Chronic myocarditis

Other conditions: Bleeding gastric ulcer

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Thos. G. Abbott
M. D. or other
Address: 450 E Liberty Heights Ave. Date signed: 2-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0313

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: (If outside city or town limits, write RURAL NEAR and give town) Eudowood Sanatorium, Towson, Md.

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 1 yr 2 mos. 22 dys

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset Co.

City or town: Eden Route No 2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bernice Irene Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): OCT 18 1912

8. AGE:

Years	Months	Days	If less than one day
28	2	13	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: housework at home

11. Industry or business

FATHER 12. Name: John B. Smith

FATHER 13. Birthplace: Somerset County

MOTHER 14. Maiden name: Edith Kennedy

MOTHER 15. Birthplace: Maryland

16. Informant: Hospital Records,

Address: Eudowood Sanatorium, Towson, Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JAN 8 40 (month) (day) (year)

Cemetery or crematory: SILOAM CEM

Location: SALISBURY MD

18. Funeral director: HILL & JOHNSON

Address: SALISBURY MD

19. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 6 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 1938, to Jan 6 1940

and that I last saw h alive on Jan 5 1940

Immediate cause of death: Pulmonary TBC — DURATION: 10 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W A Bridges M. D. or other

Address — Date signed

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

0314

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 1 day

Stay in this community (yrs., or mos., or days) 1 y 1 m

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Cockeysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard J. Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Widowed

B (b) Name of husband or wife Rebecca Madden

Deceased 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 13 - 1856

8. AGE:

Years	Months	Days	If less than one day
83	8	0	hrs. min.

9. Birthplace Baltimore County
(Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business

FATHER 12. Name Richard Smith

13. Birthplace Maryland

MOTHER 14. Maiden name Hester Davis

15. Birthplace Maryland

16. Informant Mrs Florence Johnson

Address Cockeysville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 16/40 (month) (day) (year)

Cemetery or crematory Sevenoaks Cemetery M. E.

Location Sparks Md.

18. Funeral director Landon M. Brooks

Address Sparks Md.

19. Jan 13 1940 (Date rec'd by registrar) Wm J. Shilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1940, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 12 1939, to Jan 13 1940, and that I last saw him alive on Jan 12 1940.

Immediate cause of death	DURATION
Carcinoma of Groin & Perineum	2 yrs
Due to	
Due to Senility	
Other conditions (Fatty tumors)	25 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D.
M. D. or other

Address Cockeysville Md. Date signed Jan 13/40

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0315

1. PLACE OF DEATH (92d)

County BALTIMORE Registration Dist. No. 41

Village or City DUNDALK No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME SUSANNA E. SMITH

(a) Residence: No. 1747b PORTSHIP ROAD St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of LATE JOHN J. SMITH

6. DATE OF BIRTH (month, day, and year) JAN. 1-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSE WORK

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME ALEXANDER BOZMAN

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT JOHN G. SMITH (SON)
(Address) 911 S. HIGHLAND AVE

18. BURIAL, CREMATION, OR REMOVAL
Place CATHEDRAL CEM. Date JAN. 16, 1940

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. WOLFE ST.

20. FILED 1/15, 1940 Milton W. Wilson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JAN. (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938, to Jan 12th, 1940

I last saw her alive on Jan 11th, 1940 death is said to have occurred on the date stated above, at 5/30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Jan 1938

Other Contributory Causes of Importance: —

Name of operation No Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. L. Richard M. D.

(Address) 3201 St Paul St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

W. M. Carmine, Reg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

CERTIFICATE OF DEATH

0316

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore Co.

City or town Mt Hayes P.O. Rasburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town Mt Hayes P.O. Rasburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Boundery Ave -
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph L. Snyder

3. (b) Social Security Number 217-07-0428

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Edith H.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 18 - 1881

8. AGE: Years 58 | Months 7 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Crown Cork + Seal

FATHER 12. Name Thomas C. Snyder

FATHER 13. Birthplace Md.

MOTHER 14. Maiden name Grace Lacy

MOTHER 15. Birthplace England

16. Informant Mrs Edith Snyder

Address Boundery Ave - Mt Hayes P.O. Rasburg

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 26 1940 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Frederick Rd.

18. Funeral director Wm Cook

Address 217 St Paul St

19. 1-25 1940 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1939, to Jan. 23 1940, and that I last saw h[illegible] alive on Jan. 23 1940.

	DURATION
Immediate cause of death Carcinoma of Stomach	6 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Joseph Faulkner
M. D. or other

Address 441 S. Ellwood Ave Date signed 1/23/40

JAN 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

0317

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 35 days
Stay in this community (yrs., or mos., or days): 35 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George County
City or town: Hyattesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 58 Franklin Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Fannie B. Spencer

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
B (b) Name of husband or wife: Unknown
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): August 20, 1873

8. AGE: Years: 66 Months: 5 Days: 6 If less than one day ____ hrs. ____ min.

8. Birthplace: New Jersey (Town, county, and state)
10. Usual occupation: Clerk
11. Industry or business: Office work
FATHER
12. Name: Richard Hilliar
13. Birthplace: New Jersey
MOTHER
14. Maiden name: Julia Budden
15. Birthplace: New Jersey
16. Informant: Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof JAN. 29 40 (month) (day) (year)
Cemetery or crematory: PORT. LINCOLN, Cemetery
Location: BLADENSBURG, MD
18. Funeral director: W. W. Chambers Co
Address: Riverdale Md.
19. 1/26 (Date rec'd by registrar) 1940 H. C. Gardner Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 26, 1940, at 9:40 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 22, 1939, to January 26, 1940, and that I last saw her alive on January 26, 1940.

Immediate cause of death	DURATION
Broncho-pneumonia, right side	1 day
Due to Chronic myocarditis	Before 1939
Due to Generalized arteriosclerosis	Before 1939
Other conditions Senile psychosis (Include pregnancy within 3 months of death)	Since 1935

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury Injured at work?

23. SIGNATURE: R. C. Gardner M. D. M. D. or other
Address: Spring Grove Hospital Date signed: 1/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Keefer
1010 - Leeds Ave

Left on wilkins
Sa. Sta.

JAN 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46a)

CERTIFICATE OF DEATH

0318

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Baltimore
City or town: Middle River
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wampler Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Middle River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Wampler Rd
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John Sterling

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 23rd 1852

8. AGE: Years: 87 Months: 7 Days: 11 If less than one day ____ hrs. ____ min.

9. Birthplace: Harford Co. Md (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Retired

FATHER
12. Name: Benj. Sterling
13. Birthplace: Harford Co. Md

MOTHER
14. Maiden name: Susan Cole
15. Birthplace: Unknown

16. Informant: Mrs. Heck
Address: Wampler Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 5th 1940 (month) (day) (year)
Cemetery or crematory: Orems
Location: Balto. Co. Md

18. Funeral director: F. Lassahn & Son
Address: 7401 Belair Rd.

19. Jan 3 1940 (Date rec'd by registrar) Harry Wall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 3rd 1940, at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June - 1938, to Jan 3 1940, and that I last saw him alive on Jan 2 - 1939.

Immediate cause of death: Carcinoma - throat "oesophagus" - x jaw.
Due to (upper)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Harry Wall M. D. or other
Address: Middle River Date signed: 1/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
JAN 23 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

0319

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 6 mo. 28 days

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alexander Szymanik

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 - 1890

8. AGE:

Years	Months	Days	If less than one day
49	7	0	hrs. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Poland

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Poland

16. Informant Jacob Szymanik

Address 2034 Fountain St. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17 - 1940 (month) (day) (year)

Cemetery or crematory Balto. Co. Almshouse Cem.

Location Texas Maryland.

18. Funeral director Landon M. Brooks

Address Sparks Maryland.

19. Jan 16 19 (Date rec'd by registrar) Wm. J. Whitcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1937 to Jan 15 1940, and that I last saw him alive on Jan 15 1940.

	DURATION
Immediate cause of death Chronic Valvular Endocarditis	3 yrs.
Due to Pulmonary infarction	
Due to	
Other conditions (Referred from Johns Hopkins in June 1937.)	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Enson M.D.
M. D. or other

Address Cockeysville Md. Date signed

RECEIVED
FEB 6 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0320

1. PLACE OF DEATH (3)

County Baltimore Registration Dist. No. 38

Village or City Towson, Md. No. 408 - Virginia Ln St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Taylor

(a) Residence: No. 408 - Virginia Ln St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 17, '40.

7. AGE Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson, Md.

FATHER

13. NAME Robert Taylor

14. BIRTHPLACE (city or town) (State or country) Towson, Md

MOTHER

15. MAIDEN NAME Gladys O. William

16. BIRTHPLACE (city or town) (State or country) Towson, Md.

17. INFORMANT Gladys Taylor (Address) 408 Virginia Ln

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Cy Date Jan 18, 1940

19. UNDERTAKER Byron & Mamie Wright (Address) 1218 McCaldin St

20. FILED Jan 18, 1940 [illegible] Registrar. Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1940, to Jan 17, 1940

I last saw h — elive on —, 19; death is said to have occurred on the date stated above, at — m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn Birth	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis A. Johnson M. D.

(Address) 2329 Greenford Ln.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0321

1. PLACE OF DEATH

County Baltimore (159) Registration Dist. No. 41

Village or City Turner's Sta. Balnew No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Alexander Taylor

(a) Residence: No. Turner's Sta. Balnew St., Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 20, 1940

7. AGE Years — Months — Days — If LESS than 1 day, ___ hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Turner's Sta. Md

FATHER

13. NAME Le Roy Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances Biggers

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Le Roy Taylor (Address) Balnew Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date Jan 22, 1940

19. UNDERTAKER Gaddis (Address) 2101 McCulloh

20. FILED 1/21/40 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 20th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1940, to Jan 20th, 1940

I last saw him alive on Jan 20th, 19___; death is said to have occurred on the date stated above, at 3.30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lived 15 minutes. Date of onset 1/20/40

Primary cause: Prematurity. C.W.S.T.

Other Contributory Causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ___, 19___

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Thomas M. D.

(Address) 1012 S. St. Spanish Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0322

83-a

1. PLACE OF DEATH

County Balto. Registration Dist. No. 38

Village or City Towson Md. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Susan Taylor If U. S. Veteran, specify WAR ____

(a) Residence: No. York Rd N. Towson St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, end year) Nov. 1879

7. AGE Years 60 Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT (Address) Isaac Hinton N. Towson Balto Co. Md

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date 1-19-, 1940

19. UNDERTAKER (Address) Byron & Mamie H. Wright 1218 McElderry St Balto Md

20. FILED Jan. 20, 1940 Wilfred Vanhorn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from July, 1939, to Jan. 17, 1940

I last saw her alive on Jan 16, 1940; death is said to have occurred on the date stated above, at 6:18 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	1940
Other Contributory Causes of importance: Atherosclerosis	1939

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) William S. Polk M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0323

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Sparrows Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore.
City or town Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 730 E Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Pp Lobin

3. (b) Social Security Number 214-10-0127

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1st 1870
8. AGE: Years 70 Months Days 24. If less than one day hrs. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Bethlehem Steel Co
FATHER 12. Name John Lobin
13. Birthplace Ireland
MOTHER 14. Maiden name Ellen Good
15. Birthplace Ireland
16. Informant Mrs. Mary Gorman
Address 730 E St Sparrows Point
17. burial (Burial, cremation, or removal. Which?) Date thereof 1/27/1940 (month) (day) (year)
Cemetery or crematory New Cathedral Cem
Location 4300 Old Fred Rd. Balto Md.
18. Funeral director John J Cowan & Son
Address 901 Hollins St
19. Jan 26 1940 (Date rec'd by registrar) Dawson L. Harbin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 25 1940, at about 3 P M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~
~~and that I last saw h~~ ~~alive on~~ ~~19~~
Immediate cause of death Coronary heart disease
Due to found dead in bed
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. Moore Dept M Ex M. D. or other
Address Pennsville Md Date signed 1-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

0324

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Carney (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Joppa Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Carney Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. Joppa Road (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Henry Traband (TRABAND)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary Traband
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 23rd 1852

8. AGE: Years	Months	Days	If less than one day
87	2	21	____ hrs. ____ min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Penn. Rail Road
FATHER 12. Name Henry Traband
13. Birthplace Germany
MOTHER 14. Maiden name Margaret Strasinger
15. Birthplace Baltimore Maryland
16. Informant Mrs Harvey Burton
Address Fullerton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 16th 1940 (month) (day) (year)
Cemetery or crematory Providence Methodist
Location Providence Maryland
18. Funeral director Frederick Ladsaam Sons
Address 7401 Belair Road
19. 1/15 (Date rec'd by registrar) 1940 Mrs G. A. Fultz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 2. 1940, to Jan 13. 1940, and that I last saw him alive on January 13. 1940.

	DURATION
Immediate cause of death Asphyxia -	3 days.
Due to Arterio Sclerosis & Hypertension -	Unk.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm S. Green Jr. M. D. or other
Address Towson - Md Date signed 1/15/40.

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FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0325

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 24 Prospect Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Treuting

(a) Residence: No. 24 Prospect Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George J. Treuting

6. DATE OF BIRTH (month, day, and year): Jan 1 - 1885

7. AGE: Years 55 | Months 0 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Home Maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md.

FATHER

13. NAME: Charles E. Schwarzenbach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Himmler

16. BIRTHPLACE (city or town) (State or country): Cumberland Md.

17. INFORMANT: George J. Treuting Jr. (Address) 27 Prospect Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Western Date: Jan 31, 1940

19. UNDERTAKER: Mr. Mrs. John W. Teufel & Son (Address) 801 W. Fayette St.

20. FILED 1/30, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 1940, to 1/28, 1940

I last saw her alive on 1/28, 1940; death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Embolism	1/28/40

Other Contributory Causes of importance:

Angina Pectoris Coronary Disease	1938

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James L. Lazenberger M.D.

(Address) 721 Medical Arts Bldg

If more blank are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 1 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND

~~BALTIMORE CITY HEALTH DEPARTMENT~~

CERTIFICATE OF DEATH

0326

131-P

Registered No. 38

1. PLACE OF DEATH:

(a) ~~Baltimore City,~~ Maryland Towson.

(b) Street address 412 Fairmount Av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) l/c

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. 412 Fairmount Av (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Menson Tucker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-28-1868

8. AGE: Years 71 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation house-wife

11. Industry or business

FATHER

12. Name Robert Taylor

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Annie

15. Birthplace Baltimore Md

16 (a) Informant Menson Tucker

(b) Address 412 Fairmount Av Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (month) 9 (day) 40 (year)

(c) Cemetery or crematory Arbutus Mem Park

Location Balto Co. Md.

18 (a) Funeral director Mrs. Geo H. Holland

(b) Address 1631 Druid Hill Av

19 (a) Jan 6/40 (Date rec'd by registrar) (b) Daniel Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/5 1940, at 4 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9.26 1939, to 1/5 1940, and that I last saw her alive on 1/4 1940.

Immediate cause of death	Duration
Cardio-vascular-renal disease	3 yrs
Due to	
Due to	
Other Conditions Mitral insufficiency (Include pregnancy within 3 months of death)	?

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. [signature] M.

Address 1500 E. Madison St Date signed 1/6/40

Baltimore Md

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 1 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-d

0327

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 4 yrs 8 Mo. 2 8 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Halethorpe Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Turfle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sara

Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 - 1852

8. AGE:

Years	Months	Days	If less than one day
87	2	7	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Paperhanger

11. Industry or business For Self.

FATHER 12. Name Phillip Turfle

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Swaybrough

15. Birthplace Maryland

16. Informant Mrs Carrie Moore

Address 1921 W. Lafayette ave Balto.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17, 1940 (month) (day) (year)

Cemetery or crematory Balto. Co. Almshouse

Location Texas Maryland

18. Funeral director Landon M Brooks

Address Sparks Md.

19. Jan 16 1940 (Date rec'd by registrar) Wm J. Schnitcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 11.40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1937, to Jan 15 1940, and that I last saw him alive on Jan 15 1940.

	DURATION
Immediate cause of death Chronic Valvular Endocarditis	1 yr.
Due to Pernicious Anaemia -	2 yrs.
Due to Senility -	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

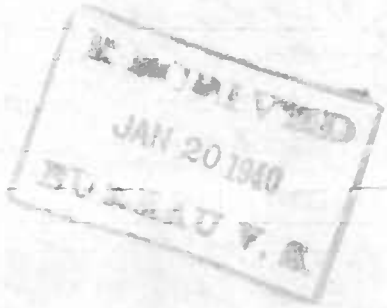
23. SIGNATURE Wilmer C. Evans M.D. M. D. or other

Address Cockeysville Md. Date signed Jan 16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


JAN 20 1940

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

0328

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Rolling Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(d) Street No. Rolling Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Upton

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William Edwin Upton

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1858

8. AGE: Years 81 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Caleb Emmart

13. Birthplace Baltimore County, Md.

MOTHER

14. Maiden Name Susan Zimmerman

15. Birthplace Baltimore County, Md.

16 (a) Informant Mr. Frank W. Sandruck, Jr

(b) Address 1127 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive Cemetery

Location Roslyn, Md.

18 (a) Funeral director W. Amoreau

(b) Address 1005 W. Baltimore St.

19 (a) 1/29/40 (Date rec'd by registrar) (b) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. Date of death January 26 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937, to Jan 26 1940, and that I last saw him alive on Jan 26 1940.

Immediate cause of death Carcinoma of neck secondary to

Due to Carcinoma of ear

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. C. Smith M. D. or other

Address 4509 Liberty Hgts. Ave. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (100-a)

CERTIFICATE OF DEATH

0329
Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Alleghany Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto. Co.
City or town Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 7 Alleghany Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret E Vogts
3. (b) Social Security Number

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Albert J. Vogts
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 14- 1888
8. AGE: Years 52 Months Days 14 If less than one day hrs. min.
9. Birthplace Balto Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name John Hines
13. Birthplace Balto Co. Md.
MOTHER
14. Maiden name Sarah E. Deets
15. Birthplace Md.
16. Informant Albert J. Vogts
Address 7 Alleghany Ave Towson Md
17. Burial Date thereof Jan 31- 40
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)
Cemetery or crematory Prospect Hill.
Location Towson Balto Co.
18. Funeral director William Cook
Address 1217 St Paul St
19. Jan 30 1940 Wilmarell Van Horn
(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1940, at 7:40 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1933, to Jan 28 1940.
and that I last saw her alive on Jan. 28, 1940.
Immediate cause of death Embolus, (to right side of heart probably) — DURATION: Sudden
Due to Thrombosis right great saphenous vein right leg. — 2 wks.
Due to Phlebitis, great saphenous vein right leg. — 3 wks.
Other conditions Varicose veins, extremities. — many years
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Rollin C. Hudson MD
M. D. or other
Address Towson, Md. Date signed 1/28/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

0330

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Randallstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Randallstown Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Liberty Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Delia O. Wade

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Wm W. Wade

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	1	hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name James Offett

13. Birthplace Md.

MOTHER 14. Maiden name Agnes Hewett

15. Birthplace Md.

16. Informant Perry Wade

Address Randallstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 8 1940 (month) (day) (year)

Cemetery or crematory Druid Ridge Cem.

Location Pikesville Md.

18. Funeral director Harry Weller

Address Sykesville Md.

19. Jan 6 1940 Wm E Martin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1939, to Jan 5 1940, and that I last saw h alive on Jan 4 1940

Immediate cause of death	DURATION
Cerebral Arterial Sclerosis	
Due to	
Due to	
Other conditions Senile Dementia acute Mania Exhaustion	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M.D. M. D. or other

Address Randallstown Md Date signed

JAN 19 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (79-d)

0331

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Phoenix
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Old York Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Phoenix Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Old York Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Wagner

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward L

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 5, 1860

8. AGE: Years 80 | Months | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Self

FATHER
12. Name: George L Bechmann
13. Birthplace: Germany

MOTHER
14. Maiden name: unknown
15. Birthplace: Germany

16. Informant: Mrs Walter R Leach

Address: Old York Rd Phoenix Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 3/40 (month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore Md

18. Funeral director: William Leach

Address: 1217 St Paul St

19. Jan. 31 1940 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 1940, at 7.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 25, 1940, to Jan. 31, 1940, and that I last saw her alive on Jan. 31, 1940.

Immediate cause of death: Myocardial insufficiency

Due to: Chronic myocarditis

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None.

Of autopsy: None.

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. Willis Guyton M.D. M. D. or other

Address: 3963 Greenmount Ave. Date signed 1/31/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

0332

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Rural Near Freeland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 87 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Rural near Freeland
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Daniel Walker

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Rachael Ann Walker
6(c) If alive, give age 82 years
7. Birth date of deceased (mo., day, yr.) April 29, 1852.
8. AGE: Years 87 Months 8 Days 2 If less than one day hrs. min.
9. Birthplace Freeland, Md. R.D. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name George Walker
13. Birthplace Md.
MOTHER 14. Maiden name Margaret Smith
15. Birthplace Md.
16. Informant David Walker
Address Freeland, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 4 1940 (month) (day) (year)
Cemetery or ~~crematory~~ St. Paul's U. B.
Location Fingloro, Md. R.D.
18. Funeral director Jacob Hartenstein
Address New Freedom, Pa.
19. Jan 3 1940 (Date rec'd by registrar) Samuel D. Phillips Reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 7:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938 to January 1 1940 and that I last saw him alive on December 31 1939

Immediate cause of death Arteriosclerosis — DURATION 20 yrs.
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Louis Sakatanoff M.D.
M. D. or other
Address New Freedom, Pa. Date signed 1-2-40

RECEIVED
FEB 6 1940
BUREAU V. S.

State of Maryland

~~BALTIMORE CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 33 0333

1. PLACE OF DEATH:
(a) ~~Baltimore City, Maryland~~ Baltimore Co.
(b) Street address .....
(c) ~~Hospital or institution:~~ Reisterstown

(d) Length of stay in hospital or inst. (yrs., mos., or days) X
(e) Length of stay in Baltimore (yrs., mos., or days) X

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town RFD Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Deer Park Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Augustus Walter

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~ Minnie B Walter
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 13 - 1874

8. AGE: Years 65 | Months 11 | Days 21 | If less than one day: ..... hr. ..... min.

9. Birthplace Baltimore md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Self

FATHER
12. Name John Walter
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schuster
15. Birthplace Germany

16 (a) Informant Anna B Walter
(b) Address 2215 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (month) (day) (year)
(c) Cemetery or crematory Pere Hodel
Location ~~Baltimore~~ Laurel Park

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St Balto Md

19 (a) Jan 4 1940 (Date rec'd by registrar) (b) L Frank Mackenzie (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1940, at 4 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1938 to Jan 4 1940, and that I last saw him alive on 1/3 1940.

Immediate cause of death	Duration
Cerebral embolus	10 days
Due to Cerebral arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature [signature] M. D.
Address Reisterstown Md Date signed 1/4/40

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

CERTIFICATE OF DEATH

0334

Reg. Dist. No. 44

45

1. PLACE OF DEATH:
County: Balto.
City or town: Stemmers Run
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Turkey Point Rd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Stemmers Run Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Turkey Point
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anthony Wanger

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife: Rose Arnold,
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 5- 1888

8. AGE:

Years	Months	Days	If less than one day
51	2	19	hrs. min.

9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual occupation: Storekeeper
11. Industry or business: Gen
FATHER 12. Name: John Wanger
13. Birthplace: Balto Md.
MOTHER 14. Maiden name: Margaret Green
15. Birthplace: Balto Md.
16. Informant: Mrs. Rose Arnold
Address: Stemmers Run Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-27-40 (month) (day) (year)
Cemetery or crematory: Sacred Heart Cem.
Location: German Hill Rd.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 1-27-1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 24 1940 at 11 25' A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 1939, to Jan. 24 1940
and that I last saw h[illegible] alive on Jan 24 1940.

Immediate cause of death	DURATION
Hematemesis	4 hrs
Due to Esophageal Varices	6 mos
Due to Portal cirrhosis	18 mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George A. Davis M.D.
M. D. or other
Address: Essex, Md. Date signed 1/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

FEB 3 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

0335

1. PLACE OF DEATH

County Balto — Registration Dist. No. 41

Village or City Edgemere Sycamore Ave — No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Robert H. Watson — Social Security No.: Pass. -213-09-2261

(a) Residence: No. Edgemere, R.F.D. St., Spanish St. Ward

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna Lee Watson

6. DATE OF BIRTH (month, day, and year): July 1887

7. AGE: 52 Years; Months: 6; Days: —; If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labour

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Steel Mills

10. Date deceased last worked at this occupation (month and year): Dec 20th

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Farmville Va

FATHER

13. NAME: Spencer Watson

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Martha Obery

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Edna Lee Watson (wife) Edgemere, R.F.D. Spanish St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: Jan 4, 1940

19. UNDERTAKER (Address): Rayner Sanders 1412 E Preston St

20. FILED: 1/2, 1940 — Mellon M. Smulson, Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 1st (Month) 1940 (Day), 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1940, to Jan 1st 1940

I last saw him alive on Jan 1st 1940; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/1/40

Other Contributary Causes of importance:

Ch. Arthritis

Name of operation: None — Date of ___

What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ___, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) J. H. Thomas M.D.

(Address) 1012 E St Spanish St Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

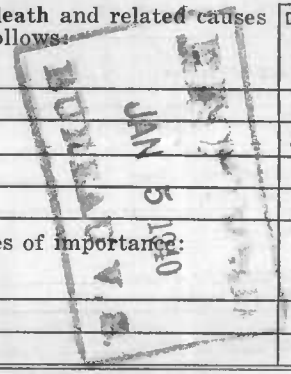
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 31

0336

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Windsor Mill Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(d) Street No. Windsor Mill Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Minerva Weidemeyer

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex FEMALE

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John V. Weidemeyer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1872

8. AGE: Years 67 Months 6 Days 11 If less than one day hr. min.

9. Birthplace New Berlin, Union County, Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Joseph Ewing

13. Birthplace New Berlin, Pa.

MOTHER

14. Maiden Name Mary Sholley

15. Birthplace New Berlin, Pa.

16 (a) Informant Miss Elizabeth Weidemeyer

(b) Address Woodlawn Branch, Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Woodlawn, Md.

18 (a) Funeral director [signature]

(b) Address 1003 W. Baltimore St.

19 (a) Jan 5, 1940 (Date rec'd by registrar) (b) J. J. Milton Piel Registrar

MEDICAL CERTIFICATION

20. Date of death January 3, 1940, at 12.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 3rd 1940, and that I last saw him alive on Jan 3rd 1940.

Immediate cause of death Uraemia Carcinoma of Left Breast with metastasis

Due to Chronic arthritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. (M. D. or other)

Address 3045 W. North Ave. Date signed 1/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

0337

CERTIFICATE OF DEATH

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Beckleysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto.
City or town Beckleysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rhoda Blanche Wells

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband ~~or wife~~ John T. Wells

6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 4 - 20 - 1908.

8. AGE: Years	Months	Days	If less than one day
30	8	18	hrs. min.

9. Birthplace Rayville - Balto. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name ~~Howard~~ Franklin Dandy

13. Birthplace Pennsylvania

MOTHER 14. Maiden name Rosie Clara McCullough

15. Birthplace Rayville, Md.

16. Informant John T. Wells ~~[illegible]~~

Address Beckleysville, Md.

17. Burial Date thereof Jan. 11-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pine Grove Cem

Location Rayville, Md.

18. Funeral director Paul Chenowetto + Donovan

Address 3615-17 Chestnut Ave - Balto Md.

19. Jan 8th 1940 Cyril E. Fowble, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8th 1940, at 11.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4th 1940, to Jan 8th 1940, and that I last saw her alive on Jan. 4th 1940.

Immediate cause of death Broncho-Pneumonia — DURATION 2½ days

Due to Influenza on Jan 4th (Contracted from nursing her child.

Due to Pneumonia developed on Jan 5th

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Cyril E. Fowble Md.
M. D. or other

Address Jefferson, Md. Date signed Jan 8-40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0338

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr., 5 mos., 17 das.
Stay in this community (yrs., or mos., or days) 1 yr., 5 mos., 17 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1521 N. Durham Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward L. Werner

3. (b) Social Security Number: 220-05-4186 ~~None~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 8, 1919

8. AGE: Years	Months	Days	If less than one day
20	3	27	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Usher
11. Industry or business: Theatre

FATHER
12. Name: Herman Werner
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Carrie Richardson
15. Birthplace: Havre de Grace, Maryland

16. Informant: J. Frank Spalding
Address: Mt. Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 6, 1940 (month) (day) (year)
Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18. Funeral director: Elmer W. Conklin & Son
Address: 924 E. Eager St., Baltimore, Md.

19. Jan. 4, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4, 1940, at 4:16 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1938, to Jan. 4, 1940, and that I last saw him alive on January 4, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 18 mos.
Due to: Tubercle Bacilli
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Dt operations: None
Dt autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. (M. D. or other)
Address: Mt. Wilson, Md. Date signed: 1/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 9 1910
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0339

CERTIFICATE OF DEATH

93-d

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Balto

City or town Battle Grove, Sparrows Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: - - -

Stay in hospital or inst. (yrs., or mos., or days) --

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto. Co.

City or town Sparrows Point Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Battle Grove

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Charles Lewis Wetzel (CHARLES LEWIS WELZEL)

3. (b) Social Security Number no

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Minnie Wetzel

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 27, 1869

8. AGE: Years 70 Months 10 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Cement finisher

11. Industry or business Retired 8 years

FATHER

12. Name Henry Welzel

13. Birthplace Germany

MOTHER

14. Maiden name unknown

15. Birthplace Germany

16. Informant Frederick Welzel (Son)

Address 710 So. East Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 1. 1940 (month) (day) (year)

Cemetery or crematory 1st Evangelical Cem.

Location Baltimore Md.

18. Funeral director HENRY SANDER & SONS. INC. Henry F. Sander

Address Baltimore & Broadway. Balto. Md.

19. 1/30 1940 (Date rec'd by registrar) Milton M. Nelson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 28th 1940, at 11-30 am.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~.

Immediate cause of death Chronic Myocarditis; Duration: unknown. following flu.

Due to found dying in his cabin by son.

Due to pronounced dead by Dr Harry W Rosenthal

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Nyse Dept M Ex M. D. or other

Address Sycesville Md Date signed 1.28.40

W. M. Carmine, Reg.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0340

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 43

Village or City Fullerton (Baker Ave) No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Eleanora D. White — If U. S. Veteran, specify WAR ____

(a) Residence: No. Baker Ave. Fullerton Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noble White

6. DATE OF BIRTH (month, day, and year) Oct 29 - 1909

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
30	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Stephen Schley

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Schaaf

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Noble White (Address) Baker Ave. Fullerton

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Feb. 2, 1940

19. UNDERTAKER John C. Miller Inc. (Address) 2433-35 E. Oliver Street

20. FILED 1/30, 1940 Mrs. G. A. Fiste Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 29 - 40 (Month) (Dey) (Yeer), 193

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939, to 1/29, 1940

I last saw her alive on 1/29, 1940, and that death is said to have occurred on the date stated above, at 11. a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other Contributory Causes of importance:	

Name of operation None — Date of ____

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Wm Carl Jeffery M. D.

(Address) 5103 Eff. Road Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1928*	*Gastroenteritis*	*1 year*

JAN 31 1940
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0341

1. PLACE OF DEATH (94a)

County Baltimore Co. Registration Dist. No. 31

Village or City Rockdale No. Milford Mill Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary E. Willey If U. S. Veteran, specify WAR

(a) Residence: No. Milford Mill Rd. Rockdale St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T.

6. DATE OF BIRTH (month, day, and year) Nov 6-1863

7. AGE Years 76 Months 2 Days 12 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

FATHER

13. NAME Unknown Goolie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clarissa Kirwan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alma Ney (Address) Milford Mill Rd Rockdale

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olive Cem Date Jan 23- 1940

19. UNDERTAKER William Cook (Address) 1217 St Paul St.

20. FILED Jan 21, 1940 Wm E Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Jan 20, 1940

I last saw her alive on Jan 20, 1940; death is said to have occurred on the date stated above, at 7 15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertension Heart Disease	?
Coronary Thrombosis	1/24/40

Other Contributory Causes of importance:

Acute Dilatation Heart	1/20/40

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) H. F. Ermshar M. D.

(Address) Reisterstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0342

(486)

1. PLACE OF DEATH

County Balto Registration Dist. No. 38

Village or City Towson No. 405 E. Penn. Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Williams If U. S. Veteran, specify WAR

(a) Residence: No. 405 E. Penn. AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James H. Williams

6. DATE OF BIRTH (month, day, and year): April 12th 1871

7. AGE — Years: 68 Months: 9 Days: 18 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Snowhill Md

FATHER

13. NAME: Martin ?

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Caroline ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): James Williams 405 E. Penn. Ave Towson Md

18. BURIAL, CREMATION, OR REMOVAL Place: Pleasant Rest Cem. Date: Feb. 1st, 1940

19. UNDERTAKER (Address): Byron Manning & Wright 218 E. Lexington St Balto Md

20. FILED: 2/1, 1940 Carroll Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 30, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to Jan 29, 1940

I last saw h— alive on January 29, 1940; death is said to have occurred on the date stated above, at 12:10 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pneumonia & Uremia	

Other **Contributory Causes** of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A. Johnson M. D.

(Address) 2329 Guilford Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

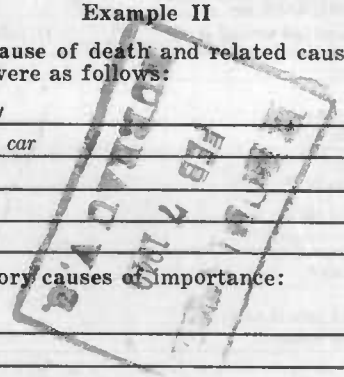
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0343

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore

City or town Granite
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Granite Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Cecilia Wilson

3. (b) Social Security Number none

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16 1940

8. AGE: Years | Months | Days | If less than one day 12 hrs. min.

9. Birthplace Granite Balto Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Herbert Wilson
13. Birthplace Balto Co Md

MOTHER
14. Maiden name Veronica Bennett
15. Birthplace Woodstock Md

16. Informant Veronica B Wilson
Address Granite Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan 17 1940 (month) (day) (year)

Cemetery or crematory Woodstock

Location Woodstock Md

18. Funeral director Herbert Wilson (Father)
Address Granite Md

19. Jan 17 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h elive on 19

Immediate cause of death Premature birth at 7 months

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other

Address Randallstown, Md Date signed Jan 17 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
DIVISION V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (159)

CERTIFICATE OF DEATH

0344

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Granite

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Granite Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Ellen Wilson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16 1940

8. AGE: Years | Months | Days | If less than one day hrs. 15 min.

9. Birthplace Granite Balto Co Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Herbert Wilson

13. Birthplace Balto Co Md

MOTHER 14. Maiden name Veronica Bennett

15. Birthplace Woodstock Md

16. Informant Veronica B Wilson

Address Granite Md

17. Burial Date thereof Jan 17 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Woodstock Cemetery

Location Woodstock Md

18. Funeral director Herbert Wilson (Father)

Address Granite

19. Jan 17 1940 Wm E Martin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19----, and that I last saw h--- alive on ---- 19----

Immediate cause of death Premature birth at 7 months — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other

Address Randallstown Md Date signed Jan 17 1940

RECEIVED
FEB 3 1940
BUREAU V. S.

0345

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(14)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Balto

City or town Chase Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 mo th

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Chase Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Harry Wimmer

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1939

8. AGE: Years 3 Months no Days no If less than one day hrs. min.

9. Birthplace Edgewood Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Norris E. Wimmer

13. Birthplace Cambria Virginia

MOTHER

14. Maiden name Anna E Weisbrod

15. Birthplace Germany

16. Informant Norris E Wimmer

Address Chase Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3-40 (month) (day) (year)

Cemetery or crematory St. Stephens;

Location Bradshaw, Md.

18. Funeral director Howard K McCann

Address Abingdon. Md

19. Jan 2 1939 (Date rec'd by registrar) W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 1st 1940, at 9.30 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, and ~~that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Tuberculous meningitis

Cerebral Meningitis

Due to had convulsions for

Due to some hours before death

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Nyse Dept M. Ex. M. D. or other

Address Pikesville Md Date signed 1-1-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

0346

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto.

City or town Middle River

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wampler Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Middle River Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Wampler Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett E. Winkler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife John Winkler

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4th 1861

8. AGE: Years	Months	Days	If less than one day
78	8	29	hrs. min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Benj. Sterling

13. Birthplace Harford Co. Md

MOTHER 14. Maiden name Susan Cole

15. Birthplace Unknown

16. Informant Mrs. Heck

Address Wampler Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 6th 40 (month) (day) (year)

Cemetery or crematory Owens

Location Balto Co. Md

18. Funeral director L. Lassalm & Son

Address 7401 Belair Rd.

19. Jan 4 - 1940 (Date rec'd by registrar) Fanny Wall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1940 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1939, to Jan 3 1940, and that I last saw her alive on Jan 2 - 1940

Immediate cause of death Chronic Valvular Heart Disease - DURATION

Due to Pulmonary Edema

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fanny Wall M. D. or other

Address Middle River Date signed 1/4/40

JAN 23 1940
BUREAU V. S.

0347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-g)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 9 yrs 11 mo

Stay in this community (yrs., or mos., or days): unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Glen Arm RFD Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Wiseman

3. (b) Social Security Number: none

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

B (b) Name of husband or wife: unknown

6(c) If alive, give age ____ years

T. Birth date of deceased (mo., day, yr.): May 1858 ?

8. AGE: Years: 81 Months: 4 Days: 2 If less than one day ____ hrs. ____ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Hunch mfg

11. Industry or business

FATHER
12. Name: unknown Mohler
13. Birthplace: Germany

MOTHER
14. Maiden name: unknown
15. Birthplace: Germany

1B. Informant: Son Frederick Wiseman

Address: Glen Arm Md. (Taken Hospital)

1T. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Jan 24 40
(month) (day) (year)

Cemetery or crematory: Parkwood

Location: Taylor Ave.

18. Funeral director: Friedrich Lassahn & Son

Address: 7401 Belair Rd

19. 1/24 1940 (Date rec'd by registrar) H C Andrews Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 21 1940, at 1:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 21 1930, to Jan 21 1940, and that I last saw him alive on Jan 21 1940.

Immediate cause of death: Bronchio Pneumonia

Due to: Chr Myocarditis

Due to: Cancer Pancreas

Other conditions
(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy: as above

DURATION
Jan 15 1940
Before 1940
Before 1940

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: John G Rumbel
M. D. or other

Address: Catonsville Md Date signed: Jan 21 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 1 1940
BUREAU V. S.

0348

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

City or town Monkton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 14 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Monkton, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lewis T. Wisner

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Sarah Dean

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): August 27 1850

8. AGE: Years 89 | Months 4 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace: Butler, Bal Co. Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Abram Wisner

13. Birthplace: unknown

MOTHER

14. Maiden name: Anna Crowther

15. Birthplace: Md

16. Informant: Mrs Mary E. Walters

Address: Monkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 4-40 (month) (day) (year)

Cemetery or crematory: Mt. Zion

Location: Upperco, Md

18. Funeral director: P. Marklemo Son

Address: White Hall Md

19. Jan 1 '40 (Date rec'd by registrar) 1940 Milner Bortner M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30 1939, to Jan. 1 1940, and that I last saw h 1M alive on Jan. 1 1940.

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. M. France M. D. or other

Address Parkton, Md. Date signed 1/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

0349

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Annie Balto.

City or town: Randalstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Augsburg Home

Stay in hospital or inst. (yrs., or mos., or days): 7 yrs.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: ~~Balto~~

City or town: ~~Randalstown~~ Balto. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ~~Campfield Rd.~~ 905 Poplar Grove St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie E. Wolff.

3. (b) Social Security Number:

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frederick Wolff

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan 10, 1857.

8. AGE: Years: 82 Months: 11 Days: 23 If less than one day: ____ hrs. ____ min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business: "

FATHER

12. Name: Charles Carl

13. Birthplace: Unknown

MOTHER

14. Maiden name: Caroline ?

15. Birthplace: Unknown

16. Informant:

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 10, 39 (month) (day) (year) 40

Cemetery or crematory: Louden Pk.

Location: Frederick Rd.

18. Funeral director: Louis Heemann & Son

Address: 32 S. Broadway

19. 1/8 (Date rec'd by registrar) 1940 E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 7, 19~~39~~ 40, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30th 1939, to Jan. 7 1940.

and that I last saw h____ alive on ____ 19____

Immediate cause of death: 11 - Cerebral Hemorrhage

Due to: - Generalized Arterio Sclerosis.

Due to:

Other conditions: - ~~Arthr~~ Arterio - Sclerotic Heart Disease.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No.

DURATION: 1 day - ? ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Earl L. Chambers M. D. or other

Address: 4108 - Liberty Hts. Date signed: 1/8/40

JAN 20 1940
BUREAU V. S.

County

F 65183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94c

Registered No. 0350

F 65183

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Seven Mile Lane.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto Co

(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. Seven Mile Lane nr. Smith Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES L. WOLF

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband or~~ wife May W. Wolf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 1879

8. AGE: Years 60 Months 10 Days If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Mnfgr.

11. Industry or business

FATHER
12. Name Jacob Wolf,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mollie Furstenberg,
15. Birthplace Balto. Md.

16 (a) Informant Mrs. C. L. Wolf,

(b) Address Seven Mile Lane.

17 (a) Burial (b) Date thereof 1/21/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director David Sondheim & Son

(b) Address 1902 Eutaw Place

19 (a) JAN 20 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 19, 1940, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1939, to Jan 19 1940, and that I last saw him alive on 1/19 1940.

Immediate cause of death	Duration
Acute Cardiac Deleterious	
Due to Coronary Thrombosis	5 wks
Due to Arteriosclerosis	10 yrs
Other Conditions Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)

(e) Means of injury —

23. Signature Eugene Heapsed M. D.

Address 200 W. Lafayette Ave Date signed

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 23 1940
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

92-d

0351

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Baltimore
City or town Texas, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Baltimore, County, Almshouse
Stay in hospital or inst. (yrs., or mos., or days) 7 yr 10 mo 5 da
Stay in this community (yrs., or mos., or days) 7 yr 10 mo 5 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Texas Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Wright

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced ?
6 (b) Name of husband or wife ~~Mrs~~ Ella Lyles
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 8, 1854
8. AGE: Years 85 Months 11 Days 24 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Printer
11. Industry or business
FATHER 12. Name Reginal Wright
13. Birthplace Maryland
MOTHER 14. Maiden name Elizabeth Sellman
15. Birthplace Maryland
16. Informant Almshouse Record
Address Texas, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3 1940 (month) (day) (year)
Cemetery or crematory Baltimore Cem.
Location Baltimore Md.
18. Funeral director William Cook
Address 12, 17 st Paul st Baltimore
19. Jan 2nd 1940 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 4 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1937, to Jan 2 1940, and that I last saw him alive on Jan 1 1940.
Immediate cause of death Chronic Valvular Endocarditis — DURATION 2 yrs
Due to Arteriosclerosis
Due to Senility
Other conditions Anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D. M. D. or other
Address Cockeysville Md Date signed 1/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0352

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Balto

City or town Fullerton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Silver Spring Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Fullerton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Silver Spring Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Zimmerer

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John Zimmerer

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 11th, 1868

8. AGE: Years	Months	Days	If less than one day
71	6	24	hrs. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Conrad Koerber
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace Germany

16. Informant Mr. John Zimmerer

Address Silver Spring Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 9, 1940 (month) (day) (year)

Cemetery or crematory St. Josephs Cemetery

Location Fullerton, Md.

18. Funeral director F. Lassahn & Son

Address 7401 Belair Road

19. 1/7 1940 (Date rec'd by registrar) Mrs G A Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5th 1940, at 11:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4th 1939, to Jan 5 1940, and that I last saw her alive on Jan 5th 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	
Due to Coronary thrombosis	2 mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D Edwin Benson M. D. or other

Address 1 W. Ordeal Lane Date signed 1/6/40

RECEIVED
FEB 2 1940
BUREAU V. S.